

Mental Health Association of San Mateo County

Supportive Housing Program Participant Eligibility

Homeless Certification

(Based on 42 USC Sec. 11302 and HUD SHP Desk Guide)

Participant name: _____ **Date** _____

The above named lacks a fixed, regular, and adequate nighttime residence (42 USC Sec. 11302).

- *On MHA letterhead, describe the participant's situation.*

The above named has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including congregate shelters and transitional housing for the mentally ill) (42 USC Sec. 11302).

- *Requires written verification on shelter letterhead, signed and dated.*
- *For Transitional Housing, letter must also describe homeless situation before entering transitional housing (SHP Desk Guide, p.19).*

Name of shelter: _____

The above named has a primary nighttime residence that is an institution that provides a temporary residence for individuals intended to be institutionalized (42 USC Sec. 11302).

- *Requires written verification on institution letterhead, signed and dated.*

Name of institution: _____

The above named has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (42 USC Sec. 11302).

- *Certify on MHA letterhead that the participant lives on streets (SHP Desk Guide, p. 19).*

The above named is being evicted from a private dwelling within the week and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing (SHP Desk Guide, pp. 16 and 20).

- *Attach documentation of formal eviction proceedings*
- *If family is evicting, family must provide statement with reason for eviction, signed and dated.*
- *If forced out of dwelling for reasons beyond client's control, client signs and dates letter that describes situation.*
 - *Staff must verify, document, sign and date.*

Also attach:

- *Documentation of income*
- *Efforts to obtain housing*
- *Why participant would be on the street*

The above named is coming from a short-term stay (30 days or less) in an institution who previously resided on the street or in an emergency shelter (SHP Desk Guide, p. 20).

- *Requires written verification on institution's letterhead.*
- *Institution must also verify in writing that participant was residing on the street or in an emergency shelter prior to staying in the shelter.*

The above named is being discharged from a longer stay (more than 30 days) in an institution (SHP Desk Guide, p. 20). (Discharge must be within one week of entering SAYAT.)

Attach:

- *Documentation of income*
- *Efforts to obtain housing*
- *Why person would be homeless without assistance*

The above named is fleeing domestic violence.

- *Participant must provide written verification.*
- *If the participant is unable to prepare the verification, SAYAT staff may prepare a description of participant's previous living situation that the participant signs and dates.*
- *Also document lack of resources, lack of subsequent residence, and lack of support network.*

Staff Signature _____

Date: _____