

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

Instructions for a successful referral Permanent Supportive Housing Program (PSH)

The Permanent Supportive Housing Programs are rental assistance grants awarded and funded by the Department of Housing and Urban Development to the Housing Authority of the County of San Mateo to serve homeless and disabled persons in San Mateo County. There are several grants with different criteria and target populations. This is a referral program only.

All clients must be permanently disabled and meet the Housing and Urban Development (HUD) definition of homeless to be considered. Refer to the Disability Certification and Homeless Certification for the definitions of disabled and literally homeless.

In order for the client to be considered for an application to the Permanent Supportive Housing Program the referral form must be fully completed; including supporting documentation and signatures. An assessment must be completed in the Homeless Management Information System (HMIS) and referred to the Housing Authority. The referrals will be ranked according to the prioritization standard set by the Continuum of Care in San Mateo County.

All grants do not require clients to be chronically homeless, but priority is given to those who have experienced the longest history of homelessness and with the most severe service needs.

Step 1 – Referral Form

Complete the Referral Form - Pages 1 and 2 for your client – Provide your contact information & sign
If there are additional family members complete Page 3

Step 2 – Disability Certification Form (One of the following options must be completed)

Option 1: Have a licensed professional complete & sign the Disability Certification form including their license number, or

Option 2: Provide a copy of the current Social Security Administration letter stating the individual is disabled and sign the Disability Certification Form, or

Option 3: Provide a copy of the current Veterans Disability benefit and sign the Disability Certification Form

Step 3 – Homeless Certification Form

Complete and provide signatures for the Homeless Certification Form – noting the client's current homeless situation; and

Obtain the required signatures from the client's current nighttime residence/ homeless situation/ shelter/ or institution

Step 4 - Chronic Homeless Documentation (One of the following options must be completed)

Option 1: Complete and sign one of the Chronic Homeless Documentation Forms noting that the client has been homeless for one continuous year, or

Option 2: Provide documentation that shows that the client has been homeless for 12 Months Total within the past 3 years over at least 4 episodes, and include the required documentation (HMIS printout/ Outreach worker/3rd party letter/client self-certification)

Step 5 – Consent Form

Complete the Consent for the Release of Client Information, including all required signatures

Step 6

Submit your completed Referral to the appropriate supervisor:

Behavioral Health and Recovery Services - Diane Dworkin ddworkin@smcgov.org, 650-372-6134

Behavioral Health and Recovery Services AOD - Eliseo Amezcua, EAmezcua@smcgov.org

LifeMoves, or the HOT Team - Connie Leyva, cleyva@ivsn.org

All other agencies - Shane Young, Mental Health Association, shaney@mhasmc.org, 650-257-8816.

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO REFERRAL FORM



For Permanent Supportive Housing Programs (PSH)
(Please complete all sections and provide appropriate attachments)



Client Legal Name: _____ Referral Date: _____

SSN: _____ Date of Birth: _____

Client homeless Location: _____

Client Phone Number: _____ Alternate Phone Number: _____

Check Yes or No below and complete the corresponding certification forms for the client:

- | | | | |
|----|--------------------------|--------------------------|--|
| | Yes | No | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury or chronic physical illness or disability?
<i>If yes, complete Disability Certification.</i> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Is currently homeless; lives in a place not meant for human habitation, or in an emergency shelter? <i>If yes, complete Homeless Certification.</i> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Is currently residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and was living or residing in a place not meant for human habitation, or in an emergency shelter immediately prior to entering the institution?
<i>If yes, complete Homeless Certification.</i> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Has been homeless and living or residing in a place not meant for human habitation or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years? <i>If yes, complete Chronic Homeless Documentation.</i> |

If yes is checked for (1 & 2 & 4) or (1 & 3 & 4) the client is chronically homeless.

Case Manager to contact for eligibility appointment: _____

E-mail: _____ Phone Number: _____

Referring Agency: _____

Referring Agency Address: _____

Name of Person Making Referral: _____

E-mail: _____ Phone Number: _____

I certify all information on this referral is correct to the best of my knowledge and that I have the appropriate documentation on file.

Signature

Date

<u>PHA USE ONLY</u>				
				SP15 – Waverly
Date Approved	SP2 – Sponsor	SHP03	SP13 – Chronic	SP16 - Chronic
	SP8 – Belmont	SP10	SP14 - Chronic	SP17 - Chronic
Initials				



CLIENT DEMOGRAPHICS



Please provide the name, phone number and agency name of the client's following:

Ongoing Supportive Service Provider _____

Representative Payee _____

Conservator _____

Ongoing Supportive Services must be provided during the entire duration the person is receiving Permanent Supportive Housing Assistance by the referring agency or authorized service provider.

Has client ever applied for or participated in any rental assistance programs? Yes No
If yes, list program type and date of application/participation _____

Primary Language: _____
Interpreter Needed? Yes No

Is the client a veteran? Yes No
If yes, does client receive VA services? Yes No
If yes, additional information may be needed.

Gender:

- Female
- Male
- Transgender Male to Female
- Transgender Female to Male

Marital Status:

- Single/Never been married
- Married
- Divorced/Legally Separated/Widowed

Race: Please check all that apply

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity: Please check one

- Hispanic or Latino
- Non-Hispanic or Non-Latino

Was or is the client a victim of Domestic Violence? Yes No
If yes, how long ago did the violence occur? _____

CLIENT FINANCIAL INFORMATION

Total Monthly Gross Income (before deductions and taxes): \$ _____

Sources of Income and monthly amount (please check all that apply):

<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____	<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> Social Security Retirement Income	\$ _____	<input type="checkbox"/> Veteran Administration	\$ _____
<input type="checkbox"/> State Disability Insurance	\$ _____	<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> General Assistance	\$ _____	<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Job/Wages	\$ _____	<input type="checkbox"/> Trust Income	\$ _____
<input type="checkbox"/> Family Support	\$ _____	<input type="checkbox"/> Other	\$ _____

Is SSI Pending? Yes No If yes, date applied: _____



INFORMATION ON ADDITIONAL ADULT FAMILY MEMBERS IN HOUSEHOLD



(If there are no other persons in the household, do not complete this page)

If there will be any other adults family members living with the client while on housing assistance (i.e. a spouse, partner, sibling, parent), provide the following information for each adult. Include information on attendants or children 18 or younger at the bottom of the page. Use additional sheets if necessary.

Name: _____

Relationship to Client _____ Date of Birth: _____

SSN: _____ Is the person chronically homeless? (Definition page 1) Yes No

Has client ever applied for or participated in any rental assistance programs? Yes No

If yes, list program type and date of application/participation _____

Primary Language: _____

Is the client a veteran? Yes No

Interpreter Needed? Yes No

If yes, does client receive VA services? Yes No

If yes, additional information may be needed.

Gender:

- Female
- Male
- Transgender Male to Female
- Transgender Female to Male

Marital Status:

- Single/Never been married
- Married
- Divorced/Legally Separated/Widowed

Race: Please check all that apply

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity: Please check one

- Hispanic or Latino
- Non-Hispanic or Non-Latino

Was or is the person a victim of Domestic Violence? Yes No

If yes, how long ago did the violence occur?

Special Needs:

Please check all that apply:

- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS and related diseases
- Serious Mental Illness
- Alcohol Abuse
- Drug Abuse

A Separate Homeless Certification Form must be completed for each Adult Family Member

Minors Who Will Reside In Household

	Name	SSN	Gender	Relationship to Client	D.O.B.
1					
2					
3					
4					

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

DISABILITY CERTIFICATION

Continuum of Care Permanent Supportive Housing Program
(Please complete all sections including signatures and appropriate attachments)

Client Name: _____ is disabled.

Part A. CERTIFICATION

Disability is defined as having one or more of the following: developmental disability, HIV/AIDS, or a physical, mental or emotional impairment, (including an impairment caused by alcohol or drug use)

These conditions must be expected to be long-continuing or of indefinite duration; AND substantially impede the person's ability to live independently; AND could be improved by more suitable housing conditions.

The above named client is disabled due to (check at least one box below):

- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS and related diseases
- Serious Mental Illness
- Alcohol Abuse
- Substance Abuse

Part B. DOCUMENTATION

I certify the above named client is disabled, because (check only ONE of the boxes below):

- The client is receiving or has been determined eligible for Social Security Disability Income (SSDI), Supplemental Security Income (SSI) benefits or Veterans Disability Compensation. *Attach a copy of the client's current benefit or determination letter.*
- I am a professional licensed by the state to diagnose and treat the condition stated in Part A. *Sign below and include your license number.*

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a **felony** for knowingly and willingly making **false or fraudulent statements** to any department or agency of the United States.

I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file and included with this form.

Signature

Date

Printed Name

Address

Title/License Number

City, State, Zip

Agency/Company Name

Phone Number

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

HOMELESS CERTIFICATION

Continuum of Care Permanent Supportive Housing Program
(Please complete all sections including signatures and appropriate attachments)

Client Name: _____ is currently
(Check one of the boxes below):

- Sleeping in an emergency shelter – (Literally Homeless)**
If you check this box, the certification must be signed by a staff member of the emergency shelter in which the client is residing.
- Sleeping in places not meant for human habitation – (Literally Homeless)**
(such as cars, parks, sidewalks etc.)
If you check this box, the certification must be signed by a staff member of an organization that is providing services to the person and can attest that he or she is homeless.
- Residing in an institutional care facility for fewer than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility), AND was residing in an emergency shelter and/or places not meant for human habitation before entering the institution**
If you check this box, the certification must be signed by a staff member of the institution in which the client is residing. The institution must have documentation on file the person has been residing in the institution fewer than 90 days and that the individual was literally homeless at the time they entered.
- Living in transitional housing for homeless persons, having come from an emergency shelter or place not meant for human habitation – (Does not qualify as chronic homeless)**
If you check this box, the certification must be signed by a staff member of the transitional housing program in which the client is residing. The program must have documentation on file that the individual was literally homeless at the time he or she entered.

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a **felony** for knowingly and willingly making **false or fraudulent statements** to any department or agency of the United States.

I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file.

Signature

Date

Printed Name

Address

Title

City, State, Zip

Agency/Company Name

Phone Number

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

CHRONIC HOMELESS DOCUMENTATION

ONE YEAR CONTINUOUS

Continuum of Care Permanent Supportive Housing Program
(Please complete all sections including signatures and appropriate documents)

Client Name: _____ has been homeless:

Continuously homeless for at least one year in a place not meant for human habitation or emergency shelter.

I have attached documentation that the homeless occasion was continuous, for a one year period, without a break in a place not meant for human habitation, or an emergency shelter.

Note: Documentation must start 12 months prior to the referral date.

Allowable Homeless Documentation to support one year continuous homelessness *(attach required documents)*

1. HMIS data *(attach HMIS printout)*
2. Written observations by a homeless outreach worker *(attach outreach worker documentation)*
Nine outreach contacts, at least one per month, must be documented
3. Written 3rd party documentation *(attach letter from 3rd party)*
Nine outreach contacts, at least one per month, must be documented

Note:

- A single documented encounter with a homeless service provider where the client is homeless on a single day within one month is sufficient to consider an individual or family as homeless for the entire month.
- At least nine months of the one year period must be documented.
- Stays in institutions of 90 days or less count as homeless as long as the person was in an emergency shelter or place not meant for human habitation prior to entering the institution.
- No breaks may occur in the one year continuous. A break is considered at least seven or more consecutive sheltered nights.
- A stay in transitional housing for seven or more nights is considered a break.

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a **felony** for knowingly and willingly making **false or fraudulent statements** to any department or agency of the United States.

I certify that the above information is correct to the best of my knowledge and that the appropriate supporting documentation is on file.

Signature

Date

Printed Name

Address

Title

City, State, Zip

Agency/Company Name

Phone Number

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

CHRONIC HOMELESS DOCUMENTATION WORKSHEET

ONE YEAR CONTINUOUS

Continuum of Care Permanent Supportive Housing Program

1st month of contact must be 12 months prior to referral date.

For each month circle the date(s) of homeless outreach/contact made

Attach appropriate document/s

- a. HMIS printout*
- b. outreach/police/third party certification*

1st Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					2 nd Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					3 rd Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
4 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					5 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					6 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
7 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					8 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					9 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
10 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					11 th Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					Current Month _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									
1	2	3	4	5	6	7																																																																																																					
8	9	10	11	12	13	14																																																																																																					
15	16	17	18	19	20	21																																																																																																					
22	23	24	25	26	27	28																																																																																																					
29	30	31																																																																																																									

I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file and/or included with this form, as required.

Signature

Date

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

CHRONIC HOMELESS DOCUMENTATION

AT LEAST 4 EPISODES THAT TOTAL TWELVE MONTHS WITHIN THE PAST 3 YEARS

Continuum of Care Permanent Supportive Housing Program
(Please complete all sections including signatures and appropriate documents)

Client Name: _____ has been homeless:

On at least four separate occasions over the past three years totaling 12 months

I have attached documentation of at least **four** episodes of homelessness over the past three years where all episodes total 12 months in a place not meant for human habitation or emergency shelter. The first episode may not be older than 36 months from the referral date.

Allowable Episode Homeless Documentation (*attach required documents*)

Over the past three years there is documentation of at least four episodes of homelessness that total 12 months.

1. HMIS data (*attach HMIS printout*)
2. Written observations by a homeless outreach worker (*attach outreach worker documentation*)
3. Written ^{Third-} party documentation (*attach letter from 3rd party*)
4. Client self-certification - only valid for one homeless episode lasting up to 3 months (*attach signed statement from client*)

Note:

- A single documented encounter with a homeless service provider where the client is homeless on a single day within one month is sufficient to consider an individual or family as homeless for the entire month.
- Stays in institutions of 90 days or less count as homeless as long as the person was in an emergency shelter or place not meant for human habitation prior to entering the institution.
- A break is considered at least seven or more consecutive sheltered nights.
- A stay in transitional housing, self pay hotel or couch surfing for seven or more nights is considered a break.

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a **felony** for knowingly and willingly making **false or fraudulent statements** to any department or agency of the United States.

I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file.

Signature

Date

Printed Name

Address

Title

City, State, Zip

Agency/Company Name

Phone Number

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

CHRONIC HOMELESS DOCUMENTATION WORKSHEET

TWELVE MONTHS TOTAL IN PAST 3 YEARS

Continuum of Care Permanent Supportive Housing Program
(Please complete all sections including signatures and appropriate documents)

Episode of Homelessness	Date Range		Document Attached
	FROM	TO	
EPISODE 1 <i>*Cannot be more than 36 months prior to referral date</i>			<input type="checkbox"/> HMIS print out <input type="checkbox"/> Police/Other professional certification <input type="checkbox"/> Individual case note certification <input type="checkbox"/> Client self-certification (only one episode up to three months long)
EPISODE 2			<input type="checkbox"/> HMIS print out <input type="checkbox"/> Police/Other professional certification <input type="checkbox"/> Individual case note certification <input type="checkbox"/> Client self-certification (only one episode up to three months long)
EPISODE 3			<input type="checkbox"/> HMIS print out <input type="checkbox"/> Police/Other professional certification <input type="checkbox"/> Individual case note certification <input type="checkbox"/> Client self-certification (only one episode up to three months long)
EPISODE 4 Current (up to referral date)			<input type="checkbox"/> HMIS print out <input type="checkbox"/> Police/Other professional certification <input type="checkbox"/> Individual case note certification <input type="checkbox"/> Client self-certification (only one episode up to three months long)

**Use additional sheets if more than 4 episodes*

I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file and/or included with this form, as required.

Signature

Date

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

CHRONIC HOMELESS DOCUMENTATION WORKSHEET

SELF-CERTIFICATION FORM FOR BREAKS BETWEEN HOMELESS EPISODES

Continuum of Care Permanent Supportive Housing Program

Breaks must last at least 7 nights

All breaks may be self-certified, documented in HMIS or by third party

BREAK #1	From _____ Through _____ (Date) (Date)
BREAK #2	From _____ Through _____ (Date) (Date)
BREAK #3	From _____ Through _____ (Date) (Date)

**If there were more than 4 episodes each additional break must be documented*

I certify that the above information is correct to the best of my knowledge and I was NOT homeless during any of the times listed above.

Client Printed Name

Date

Client Signature

**CONSENT FOR THE RELEASE OF CLIENT INFORMATION SUBJECT TO
THE LANTERMAN-PETRIS-SHORT ACT AND/OR FEDERAL ALCOHOL
AND DRUG REGULATIONS**

PERMANENT SUPPORTIVE HOUSING PROGRAM (PSH)

Client Name: _____

Date of Birth: _____

I hereby authorize the members of the Permanent Supportive Housing Referral Committee which includes San Mateo County Behavioral Health and Recovery Services, Mental Health Association of San Mateo County, Caminar, Telecare, InnVision Shelter Network, Housing Authority of the County of San Mateo and other service providers to discuss personal information and diagnoses obtained in the course of my psychiatric and/or drug and alcohol treatment as it is relevant to my eligibility for the Permanent Supportive Housing Referral Committee.

I hereby authorize the release of income, demographic and confidential psychiatric and/or drug and alcohol diagnoses and treatment information necessary to consider my application for the Program. Release of the information to any person not specified is prohibited.

This consent shall be valid for a one-year period from the date it is signed; unless withdrawn in writing.

Client Signature

Date

Signature of Referring Professional

Date

LPS Conservator (if applicable)

Date

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

Additional Instructions for a successful referral

Permanent Supportive Housing Program (PSH)

A shelter stay in one of these shelters counts as a Chronic Homeless Episode

Emergency shelters in San Mateo County

- Spring Street – 2686 Spring St, Redwood City, CA 94063 – 650-298-9846
- Safe Harbor – 295 N Access Rd, South San Francisco, CA 94080 – 650-873-4921
- WeHope – 1854 Bay Rd, East Palo Alto, CA 94303 – 650-330-8000