



Required Forms for Transitional Housing Facilities

The following forms must be completed, maintained in each client file and submitted to New Castle County along with the draw for reimbursement processing.

REQUIRED FORMS:

- Transitional Housing Client File Checklist Form (highly recommended)
- NCC Parcel Search Results showing address prior to homelessness was outside the City of Newark and Wilmington limits *(parcel numbers beginning with 18 or 26 are not eligible for NCC CDBG funds).*
- Agency Intake Application & Related Orientation Forms
- Homeless Certification Form (completed entirely and signed by client and staff)
- Community Management Information System (CMIS) Client Documents
-Service Point: Entry/Exit Assessment Screen showing Housing Status
- Income Related Source Documents, Photo ID & Vital Statistics Documentation*
- Termination & Appeal Policy & Procedure (proof client received a copy of them)

**As Available*



New Castle County Parcel Prefix

www.nccde.org/parcelview

New Castle County eligible jurisdictions will have Parcel Numbers beginning with any number listed below EXCEPT: 18 (City of Newark) & 26 (City of Wilmington). New Castle County CDBG - Transitional Housing funding may not be used to benefit people whose Parcel Numbers begin with that other number.

- 6 Brandywine Hundred
- 7 Christiana Hundred
- 8 Mill Creek Hundred
- 9 White Clay Creek Hundred
- 10 New Castle Hundred
- 11 Pencader Hundred
- 12 Red Lion Hundred
- 13 St. Georges Hundred
- 14 Appoquinimink Hundred
- 15 Blackbird Hundred
- 16 Arden
- 17 Bellefonte
- 18 City of Newark**
- 19 Elsmere
- 20 Newport
- 21 City of New Castle
- 22 Delaware City
- 23 Middletown
- 24 Odessa
- 25 Townsend
- 26 City of Wilmington**
- 27 Ardentown
- 28 Smyrna
- 29 Ardentown
- 30 Clayton



New Castle County (NCC)

Transitional Housing Facility Homeless Certification Form

HUD's DEFINITION of HOMELESSNESS and CERTIFICATION

Transitional Housing Household Name: _____ Date: _____

This is to certify the above individual or household is currently homeless based on the category checked and required documentation.

CHRONICALLY HOMELESS CERTIFICATION

CHRONICALLY HOMELESS: Is Eligible for Rapid Re-housing Assistance.

Individual or family:

- Is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been homeless and residing in such a place for at least 12 months *or* on at least four separate occasions in the last three (3) years where the combined occasions must total at least 12 months; **and**
- (ii) Has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

NOTE:

- Transitional Housing *does not* qualify an individual/family for chronic status;
- Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration **do** maintain their Chronic Status;
- ESG Rapid Re-housing is not considered transitional housing;
- Institution stays of less than 90 days do not constitute a break and *can be* included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began;
- Stays in "housed" environments that are *less* than seven (7) consecutive nights **do not** constitute a break in homelessness.
- A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore a client **must have** at least four (4) separate occasions to qualify under this option.

To certify individual living in a place not meant for human habitation, a safe haven or an emergency shelter, the following documentation must be provided.

Option 1:

- An CMIS record or record from a comparable database. If not documented in CMIS for 12 months proceed to Option 2.

Option 2**:

- A written observation by an outreach worker of the conditions where the individual was living *or*
- A written referral by another housing or service provider where the individual was living.

****Note:** One encounter per month, documented breaks in CMIS (stayed with relative for night etc. counts as homeless) is acceptable documentation. Must be documented in client file.

Option 3: For use *only* in situations where no third-party certification is available; self-certification can be used only after attempts to collect documentation of Options 1 and 2 above.

- Self-certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps that were taken to obtain evidence in Steps 1 and 2.

To certify head of household disability, the following documentation must be provided:

- Verification of Disability



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HUD's DEFINITION of HOMELESSNESS and CERTIFICATION

**GENERAL HOMELESS CERTIFICATION

****Categories 1 and 4 are eligible for Emergency Shelter and Rapid Re-housing Assistance**

CATEGORY 1: Literally Homeless

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; or
 - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).

To certify homeless status for the above must provide documentation of two of the following:

- Written referral by another housing or service provider; or
- Written observation by the outreach worker; or
- Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (**documentation must include one of the above forms of evidence AND 1 of the following**).
 - Discharge paperwork or written/oral referral; or
 - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.

****Categories 2 and 3 are considered "homeless" but receive assistance under Homeless Prevention which is currently not a NCC ESG funded activity.**

CATEGORY 2: Imminent Risk of Homelessness

- Individual or family who will imminently lose their primary nighttime residence, provided that:
- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Documentation must include 1 of the following:

- A court order resulting from an eviction action notifying the individual or family that they must leave; or
- For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or
- A documented and verified oral statement.

In addition to 1 of the above, documentation must include **BOTH** of the following:

- Certification that no subsequent residence has been identified; **AND**
 - Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing.
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CATEGORY 3: Homeless under Other Federal Statutes

- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
- (i) Are defined as homeless under the other listed federal statutes;
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - (iii) Have experienced persistent instability as measured by 2 moves or more during the preceding 60 days; **and**
 - (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.
- Documentation must include all of the following:**
- Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; **and**
 - Certification of no public housing in the last 60 days; **and**
 - Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved 2 or more times in the past 60 days; **and**
 - Documentation of special needs **or** 2 or more barriers.

CATEGORY 4: Fleeing/Attempting to Flee Domestic Violence

- Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence;
 - (ii) Has no other residence; **and**
 - (iii) Lacks the resources or support networks to obtain other permanent housing

Documentation required:

For victim service providers:

- An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification **and** a certification by the intake worker.

For non-victim service provider (must document all of the following):

- Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification **or** by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; **and**
- Certification by the individual or head of household that no subsequent residence has been identified; **and**
- Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Client Signature: _____

Date: _____

Intake Staff Signature: _____

Date: _____