

CT YHDP Program Participant Homelessness Verification Form

PART 1: INSTRUCTIONS	
<input type="checkbox"/> Use only for CT YHDP Projects <input type="checkbox"/> Complete all fields in Part 2 <input type="checkbox"/> Attach all supporting documents to this form	<input type="checkbox"/> Complete all fields in Part 3 <input type="checkbox"/> Maintain this form & supporting docs in participant's file <input type="checkbox"/> Ensure supporting documentation demonstrates eligibility as of project entry date
<i>See Quick Guide for detailed instructions on supporting documentation requirements</i>	

PART 2: GENERAL INFORMATION		
Participant Name:	Participant Date of Birth:	Participant HMIS #:
Person Completing Form:	Agency Completing:	Date Form Completed:
Email & Phone Number for Person Completing Form:		
Email:	Phone #:	
YHDP Program for which Homelessness is Being Certified:	CoC Program Type: <i>(Check One)</i>	CoC Project Entry Date:
	<input type="checkbox"/> Diversion/ Rapid Exit	<input type="checkbox"/> Navigator
	<input type="checkbox"/> RRH	<input type="checkbox"/> Crisis Housing

PART 3: CURRENT HOMELESS STATUS	
Location Prior to YHDP Program Entry: <i>Indicate place where client was staying immediately prior to program entry (Check One): Required Documentation Must Be Attached (See Part 3).</i>	
<input type="checkbox"/> Unsheltered <input type="checkbox"/> Hotel/Motel Paid by Govt or Charity <input type="checkbox"/> Housed (Must be DV or Imminent Risk of Homelessness)	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional/Crisis Housing <input type="checkbox"/> Institution < 90 days & literally homeless prior
Is client fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions related to violence that has taken place in their housing or has made them afraid to return to their housing (Check One)? <input type="checkbox"/> YES (Category 4) <input type="checkbox"/> NO <i>Required Documentation Must Be Attached (See documentation requirements and additional examples of situations that qualify youth for Category 4 Eligibility in Quick Guide).</i>	
Homeless Status (Check One – See Category Details in Quick Guide)	
<input type="checkbox"/> Category 1 Literally Homeless (includes <90 days institution)	Category 1 applicants are eligible for all types of CT YHDP projects
<input type="checkbox"/> Category 2 Imminent Risk of Homelessness	Category 2 applicants are eligible for only Diversion/Rapid Exit and Navigator projects
<input type="checkbox"/> Category 4 Fleeing Domestic Violence	Category 4 applicants are eligible for all types of CT YHDP projects

Signature of Person Completing Form:	Certification:	Date Certified:
	<input type="checkbox"/> CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTS ARE ATTACHED.	