



CITY OF AUSTIN
EMERGENCY SOLUTIONS GRANT (ESG)
HOMELESS ELIGIBILITY FORM
RAPID RE-HOUSING

ESG HOMELESS ELIGIBILITY CATEGORY: (check only one)

NOTE: Form is not complete unless the client and staff have signed the second side of document.

Category 1- Literally Homeless

(1) 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;
- 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; or
- 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 REQUIRED IN HUD'S PREFERRED ORDER:

_____ Third Party/Written:

- If unsheltered: Written referral by of street outreach, law enforcement, EMS, or other shelter record, or homeless certification; or
- If sheltered/exiting an institution: HMIS shelter stay record, or homeless certification, or referral from shelter services or other housing provider; or

_____ Written observation by the intake staff worker; or

_____ Self-Certification by the individual or head of household seeking assistance stating that s/he was living on the streets or in shelter;

_____ For individuals exiting an institution- one of the forms of evidence above and:

- Discharge paperwork or written/oral referral, or
- Written record of intake worker's due diligence to obtain evidence and certification by individual that they exited institution.

N/A Category 2- Imminent Risk of Homelessness – Ineligible Category for RRH

N/A Category 3- Homeless Under Other Federal Statutes – Ineligible Category

Category 4- Fleeing/Attempting to Flee Domestic Violence

(4) 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 or a certification by the intake worker.

For non-victim service providers:

_____ 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 lacks the financial resources and support necessary to obtain permanent housing.

Does this client also meet the following definition of a Chronically Homeless Person?

The U.S. Department of Housing and Urban Development (HUD) defines a *chronically homeless* person as: "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. A disabling condition is defined as 'a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.' In defining the chronically homeless, the term "homeless" means 'a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter.' "

YES NO DON'T KNOW

If YES, then provide the client information requested below:

HOUSING HISTORY FOR CHRONICALLY HOMELESS PERSONS

Most Recent Year

Month/Year	Description of Homelessness

Second Year

Month/Year	Description of Homelessness

Third Year

Month/Year	Description of Homelessness

The above statement of my chronic homeless status is true and complete.

Client Name (Printed)

Client Signature

Date

FOR INTAKE STAFF ONLY:

Verification Methods: Describe methods to obtain third party documentation (shelter records; outreach programs; medical services; law enforcement; etc.). Describe the outcome of the efforts to obtain documents: _____

The above statements regarding this client's ESG homeless eligibility is true and complete to the best of my knowledge. I have attempted to obtain third party documentation to the best of my ability.

Intake Staff Name (Printed)

Intake Staff Signature

Date