ihcda
Indiana Housing & Community Development Authority

Emergency Solution Grants (ESG) Homelessness Documentation Form

Project Name _____

Participant Name or HMIS ID _____

Instructions: Complete this worksheet and place a checkmark (✓) or an (X) in the appropriate row of the "Documentation Attached" column. Attach documentation to this form & maintain in participant file.

Homelessness Category/Status (drawn from 24 CFR 576.2)	Type of Documentation (drawn from 24 CFR 576.500(b))	Documentation Attached
Category 1 - Unsheltered Sleeping in a place not designed for or used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station, airport, camping ground, parking garage, etc.	**Provide one of the following:** A. Written referral by another housing or service provider. The other provider should provide written information regarding the participant's whereabouts and then sign and date the statement. B. Signed and dated general certification from an outreach worker verifying that services are going to homeless person(s) and indicates where the person(s) served reside. C. Client self-certification of homelessness. (Use row at the bottom of the chart.)	
Category 1 - Sheltered Person living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels, motels paid for by charitable organizations or by government programs).		
Category 1 - Exiting an Institution Persons exiting institutions where they resided 90 days or less **AND** were residing in an emergency shelter or place not meant for human habitation immediately before entering the institution.	**Provide:** A. Written verification from the institution's staff that the participant has been residing in the institution for 90 days or less. **AND** B. A, B, or C from the cell directly above.	
Category 4 - Domestic Violence Fleeing or is attempting to flee domestic violence, dating violence, sexual assault or stalking **AND** no subsequent residence has been identified **AND** has no resources or support networks to obtain permanent housing.	**Provide one of the following:** A. (if it will not jeopardize client's safety) Written observation by an intake worker, written referral by another housing or service provider, or DV ClientTrack records demonstrating client receives street outreach services and/or resides in shelter or transitional housing. **OR** B. Oral statement from client that they are fleeing/attempting to flee, have not identified a subsequent residence, and lack resources or support networks to obtain other permanent housing. (Use row at the bottom of the chart.)	
Client Self-Certification of Homelessness (Use only if 3rd party is unavailable **AND** provide additional documentation of subrecipient's due diligence to obtain other forms of documentation): *Use reverse if more space is needed.*		

_____ _____

Subrecipient Staff Name & Signature (required for self-certs, optional in other circumstances) Date

_____ _____

Client Name & Signature (required for self-certs, optional in other circumstances) Date

EQUAL HOUSING OPPORTUNITY