

ATTACHMENT A: QP DOCUMENTATION REQUIREMENTS

Intake Form

Name: _____ Date: _____

Income (*ONLY if required by QP2 or QP4*): _____ Number in Household: _____

Household Type: Single, Non-Elderly Elderly Single Parent Two Parents Other

New Household: Yes / No Veteran: Yes / No Hispanic: Yes / No

Race:

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian & White | |
| <input type="checkbox"/> American Indian/Alaskan Native | | |
| <input type="checkbox"/> Other Multi-Racial | | |

QP1: Homeless

- Homeless
- Imminent Risk of Homelessness
- Homeless Under Other Federal Statutes

QP2: At Risk of Homelessness

- Individuals & Adult Families (**Requires income verification**)
- Unaccompanied Children & Youth
- Families with Children & Youth

QP3: Domestic Violence, etc.

- Imminent Risk of Harm

QP4: Other Populations

- Other Families Requiring Services or Housing Assistance to Prevent Homelessness
- At Greatest Risk of Housing Instability (**Requires income verification**)
- Low Income & At Risk of Homelessness (**Requires income verification**)

*I certify that the information on this form is accurate and complete. I understand that I must fill out and include a copy of this form in the Client's file which **MUST** include my certification that the Client qualifies as QP1, QP2, QP3, or QP4 **AND** the required documentation listed in the Required Documentation section of this form.*

_____ Name

_____ Date

QP1: Homeless

- Homeless:** An individual or family who lacks a fixed regular, and adequate nighttime residence (select one).
 - Primary nighttime residence that is a public or private place not designed for regular sleeping accommodations for human beings.
 - Living in an emergency shelter.
 - Living in an institution where they resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately prior to entering that institution.
 - Living in a hotel/motel that is paid for by a charitable organization or governmental agency (the Client may qualify as *QP2: At Risk of Homelessness* if they are paying for the hotel themselves).

- Imminent Risk of Homelessness: MUST** meet **ALL** three requirements listed below.
 - An individual or family who will imminently lose their primary nighttime residence within **14 days** of the date of application for assistance, **AND**
 - No subsequent residence has been identified, **AND**
 - Household lacks resources or support networks needed to obtain other permanent housing.

- Homeless Under Other Federal Statutes: MUST** meet **ALL** of the requirements below.
 - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under the QP1 definition but who are defined as homeless under Section IV.A.1 of [HUD Notice CPD-21-10](#) (see the HOME-ARP Supportive Services Policies & Procedures for more information), **AND**
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing in the last **60 days**, immediately prior to applying for assistance; **AND**
 - Have experienced persistent instability as measured by two or more moves in the last **60 days**; **AND**
 - Can be expected to continue in such status for an extended period of time due to special needs or barriers (For example: chronic health or mental health conditions, substance addiction, or history of domestic violence or child abuse).

I certify that the Client / Household listed on this form qualifies for the HOME-ARP Supportive Services program as QP1, that they meet the HOME-ARP Supportive Services eligibility requirements listed above, and that the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.

_____ Name

_____ Date

Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP1. Check which documentation is needed to certify that an individual or family is eligible. **Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.**

QP1: Homeless

A person qualifies as QP1: Homeless if they are “Homeless”, at “Imminent Risk of Homelessness”, or “Homeless Under Other Federal Statutes.” See the HOME-ARP Supportive Services Policies & Procedures for more information.

QP1: Homeless (at least one of the following)

Third Party Verification (Preferred)

- A written, dated and signed observation describing the conditions where the individual or family was living issued by an outreach worker, a shopkeeper, police officer, **OR**
- A written, dated and signed referral by another housing or service provider, **OR**
- Records from the Homeless Management Information System (HMIS) demonstrating enrollment in homeless services program, **OR**
- Evidence that a **charitable organization** or **governmental entity** is paying for hotel/motel, **OR**
- For individuals exiting an institution one of the forms of evidence above **AND** discharge paperwork or written/oral referral, dated and signed, from a social worker, case manager, or other appropriate official of the institution which includes start and end times of time residing in institution

Intake Worker Observation (when third party verification is unavailable)

- Written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

QP1: Homeless

QP1: Imminent Risk of Homeless

Less than **14 days** from losing primary residence **AND** exhibit lack of resources. **MUST** provide documentation for **BOTH** *Timeline* and *Lack of Resources* sections below.

Timeline

Third Party Verification (Preferred)

- Court eviction documentation or equivalent notice
- Hotel bill showing that the **household** paid for hotel

Intake Worker Observation (when third party verification is unavailable)

- Written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Lack of Resources

Third Party Verification (Preferred)

- Letter dated and signed from family member stating they cannot support or house individual or family
- Records of savings that demonstrate the household is unable to continue paying for hotel/motel for more than 13 days

Intake Worker Observation (when third party verification is unavailable)

- written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

QP1: Homeless

QP1: Homeless Under Other Federal Statues

Meets “Other Federal Definition” (see the HOME-ARP Supportive Services Policies & Procedures for more information) **AND** have a history of living situation **AND** have special needs or barriers. **MUST** provide documentation for **ALL 3** sections below.

Meets Other Federal Definition

Must provide Third Party Verification. Intake Worker Observation and Self-Certification are not acceptable to meet the “Other” definition.

- Dated and signed letter that must come from 3rd party responsible for administering the program using the other federal definition of homelessness.

History of Living Situation: Intake Worker Observation is not an acceptable verification for this criterion

Third Party Verification (Preferred)

- Attempt to seek documentation to support self-certification regarding at least 2 moves and no lease in last 60 days. The attempts must be documented

Self-Certification (when third party verification is unavailable)

- Self-certification by the individual or head of household seeking assistance

Presence of Special Needs or Barriers

Third Party Verification (Preferred)

- Dated and signed documentation from licensed professional regarding disability
 SSI/SSDI award letter

Intake Worker Observation (when third party verification is unavailable)

- Intake staff observations of potential two or more barriers as appropriate, dated and signed

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

QP2: At Risk of Homelessness

- Individuals and Adult Families: MUST** meet all requirements below.

Income: _____

- Less than 30% AMI (**Requires income verification.** See *HOME Income Limits*); **AND**
- Does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place listed in *QP1: Homeless*;
AND
- Meets **ONE** of six (6) following conditions:
 - Has moved because of economic reasons two or more times during the **60 days** immediately preceding the application for HOME-ARP Supportive Services.
 - Is living in someone else's home because of economic hardship.
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within **21 days** after the date of application for assistance.
 - Lives in a hotel or motel and the cost of the hotel or motel stay is **NOT** paid by charitable organizations or by federal, State, or local government programs for low-income individuals (if the hotel/motel is paid for by a charitable organization or governmental agency, the individual qualifies as *QP1: Homeless*).
 - Two (2) or more people living in a single-room occupancy (SRO / studio) or efficiency apartment unit **OR** people living in a larger housing unit with more than 1.5 people per room. **Note: overcrowding is measured by ROOMS – excluding kitchen and bathrooms – not BEDROOMS.** (E.g. A 2-bedroom unit that has a living room and dining room has **4 ROOMS**. This unit can have up to 6 people living in it before it is considered “overcrowded.” To qualify as QP2 with this condition, the unit in question would need to house 7 or more people).
 - Is living in a publicly funded institution, or system of care.
- Unaccompanied Children & Youth:** A child or youth who does not qualify as “homeless” as outlined in *QP1: Homeless*, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act ([42 U.S.C. 5732a\(3\)](#)), section 637(11) of the Head Start Act ([42 U.S.C. 9832\(11\)](#)), section 41403(6) of the Violence Against Women Act of 1994 ([42 U.S.C. 14043e-2\(6\)](#)), section 330(h)(5)(A) of the Public Health Service Act ([42 U.S.C. 254b\(h\)\(5\)\(A\)](#)), section 3(m) of the Food and Nutrition Act of 2008 ([7 U.S.C. 2012\(m\)](#)), or section 17(b)(15) of the Child Nutrition Act of 1966 ([42 U.S.C. 1786\(b\)\(15\)](#)) (see *HOME-ARP Supportive Services Policies & Procedures* or the listed federal statutes for additional information).
- Families with Children & Youth:** A child or youth who does not qualify as “homeless” under the homeless definition but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)) and the parent(s) or guardian(s) of that child or youth if the parent(s) or guardian(s) live with them. (see *HOME-ARP Supportive Services Policies and procedures* or the listed federal statutes for additional information).

QP2: At Risk of Homelessness

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP2, they meet eligibility requirements for HOME-ARP Supportive Services listed above, and the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.

Name

Date

Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP2. Check which documentation is needed to certify that an individual or family is eligible. **Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.**

QP2: At Risk of Homelessness

Individuals and Adult Families

Meets income requirements **AND** exhibits lack of resources **AND** evidences housing instability according to *Housing Instability Conditions* as outlined at the end of this document. **MUST** provide documentation for **ALL 3** sections below.

- Income (less than 30% AMI):** Intake Worker Observation is not an acceptable verification for this criterion

Third Party Verification (Preferred)

 - Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility

Self-Certification (when third party is unavailable)

 - Self-certification by the individual or head of household seeking assistance
- Lack of Resources and Support:** Intake Worker Observation is not an acceptable verification for this criterion

Third Party Verification (Preferred)

 - Notice of termination of employment, unemployment compensation statement, bank statement, health-care bill showing arrears

Self-Certification (when third party is unavailable)

 - Self-certification by the individual or head of household seeking assistance
- Evidence of Housing Instability** (See *Housing Instability Conditions at the end of this document for documentation examples for each condition*)

Third Party Verification (Preferred)

 - Source documents that prove one or more of the conditions listed in *Housing Instability Conditions* at the end of this form.

Intake Worker Observation (when third party verification is unavailable)

 - Written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

 - Self-certification by the individual or head of household seeking assistance

Required Documentation

QP2: At Risk of Homelessness

Unaccompanied Children & Youth

Meets Other Federal Definition **AND** Age. **MUST** provide documentation for **BOTH** sections below.

- Other Federal Definition:** *Third Party Verification is the only acceptable form of verification for this criterion*

Third Party Verification

- Dated and signed letter that must come from staff at an entity responsible for administering the program using the other federal definition of homelessness

- Age**

Third Party Verification (Preferred)

- School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth.

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

QP2: At Risk of Homelessness

Families with Children & Youth

Meets section 725(2) of the McKinney Vento Homeless Assistance Act AND age AND parent or guardian of child in household requirements. MUST provide documentation for **ALL 3** sections below.

- McKinney Vento Homeless Assistance Act: Third Party Verification is the only acceptable form of verification for this criterion**

Third Party Verification

- Dated and signed letter must come from staff at an entity responsible for administering the program using the federal definition of homelessness under McKinney Vento

- Age**

Third Party Verification (Preferred)

- School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

- Parent or Guardian of Child(ren) in Household**

Third Party Verification (Preferred)

- Birth certificate or court document showing custody of child

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

QP3: Flee Domestic Violence

Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (Sex Trafficking or Labor Trafficking)

(Collect only minimal information)

- Imminent Risk of Harm - Intake worker should write an oral statement by the Client that they are attempting to flee from domestic violence where there is an imminent risk of harm.

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP3, they meet eligibility requirements for HOME-ARP Supportive Services listed above, and the information provided on this form is accurate. I understand that I must provide a written statement that the Client is attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. I understand that I shall only collect minimal information in order to protect the Client.

_____ Name

_____ Date

Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP3. Check which documentation is needed to certify that an individual or family is eligible. **Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.**

QP3: Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (Sex Trafficking or Labor Trafficking)

The written documentation need only include the minimum amount of information indicating that the individual or family fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking, and **need not include any additional details** about the conditions that prompted that individual or family to seek assistance.

Threat of Harm Based on Current Living Situation

- An oral or written statement by the Client seeking assistance, **OR**
- A written certification by a victim service provider, law enforcement agency, legal assistance provider, pastoral counselor, or an intake worker in any other organization from who the individual or family sought assistance.

Verification of household's eligibility under this qualifying population definition should be trauma-focused and not jeopardize the household's safety.

QP4: Other Populations

- Other Families Requiring Services or Housing Assistance to Prevent Homelessness: MUST** meet **ALL** requirements below.
 - Previously homeless; **AND**
 - Housed due to temporary or emergency assistance (such as time-limited rental assistance programs or emergency rental assistance programs that is ending); **AND**
 - Need for additional assistance to prevent return to homelessness.

- At Greatest Risk of Housing Instability** (*Requires income verification*): **MUST** meet **BOTH** requirements listed below.

Income: _____

 - Annual income that is less than or equal to 30% AMI (*See HOME Income Limits*), **AND**
 - Experiencing severe cost burden (paying more than 50% of monthly household income towards housing costs)

- Low Income & At Risk of Homelessness** (*Requires income verification*): **MUST** meet income and housing instability requirements.

Income: _____

 - Annual income that is less than or equal to 50% AMI (*See HOME Income Limits*), **AND**
 - Meets **ONE** of six (6) following conditions:
 - Has moved because of economic reasons two or more times during the **60 days** immediately preceding the application for HOME-ARP Supportive Services.
 - Is living in someone else's home because of economic hardship.
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within **21 days** after the date of application for assistance.
 - Lives in a hotel or motel and the cost of the hotel or motel stay is **NOT** paid by charitable organizations or by federal, State, or local government programs for low-income individuals (if the hotel/motel is paid for by a charitable organization or governmental agency, the individual qualifies as *QP1: Homeless*).
 - Two (2) or more people living in a single-room occupancy (SRO / studio) or efficiency apartment unit **OR** people living in a larger housing unit with more than 1.5 people per room. **Note: overcrowding is measured by ROOMS – excluding kitchen and bathrooms – not BEDROOMS.** (E.g. A 2-bedroom unit that has a living room and dining room has **4 ROOMS**. This unit can have up to 6 people living in it before it is considered "overcrowded." To qualify as QP2 with this condition, the unit in question would need to house 7 or more people).
 - Is living in a publicly funded institution, or system of care.

QP4: Other Populations

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP4, they meet eligibility requirements for HOME-ARP Supportive Services listed above, and the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.

Name

Date

Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP4. Check which documentation is needed to certify that an individual or family is eligible. **Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.**

QP4: Other Populations

Other Families Requiring Services or Housing Assistance to Prevent Homelessness

Was previously homeless **AND** is currently in housing and receiving time-limited assistance **AND** needs continued support to prevent returning to homelessness. **MUST** provide documentation for **ALL 3** sections below.

Previous Homeless History

Third Party Verification (Preferred)

- A dated, signed written observation describing the conditions where the individual or family was living issued by an outreach worker, a shopkeeper, police officer
- A written, dated and signed referral by another housing or service provider
- Records from HMIS demonstrating prior enrollment in homeless services program
- Other documentation indicating prior homeless status (see QP1 section)

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

Currently In Housing and Receiving Time-Limited Assistance

Third Party Verification (Preferred)

- Written, dated, and signed verification that a household received time-limited assistance and the dates that assistance will end/has ended
- Records from HMIS demonstrating enrollment in temporary or emergency assistance program that will end/has ended

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

Continued Need for Support to Prevent Return to Homelessness

Third Party Verification (Preferred)

- Dated and signed written verification or assessment showing services or housing assistance are needed to prevent return to homelessness

Intake Worker Observation (when third party verification is unavailable)

- Dated and signed written observations from intake staff of potential barriers

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

QP4: Other Populations

At Greatest Risk of Housing Instability (30% AMI)

Has an income of 30% AMI or less **AND** is severely cost burdened (paying more than 50% of monthly household income towards housing costs). **MUST** provide documentation for **BOTH** sections below.

Income (less than or equal to 30% AMI)

Third Party Verification (Preferred)

- Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

Severe Cost Burden (paying more than 50% of monthly household income towards housing costs)

Third Party Verification (Preferred)

- Current lease with rent amounts, or letter from owner/primary leasehold with rent amounts,

AND

- Written calculation between rent and current income to document household eligibility.

Note: Housing costs must be at least 50% of annual income

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

QP4: Other Populations

At Greatest Risk of Housing Instability (50% AMI)

Has an income of 50% AMI or less **AND** has evidence of housing instability. **MUST** provide documentation for **BOTH** sections below.

Income (less than or equal to 50% AMI)

Third Party Verification (Preferred)

- Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility

Self-Certification (when third party is unavailable)

- Self-certification by the individual or head of household seeking assistance

Evidence of Housing Instability (See *Housing Instability Conditions at the end of this document for documentation examples for each condition*)

Third Party Verification (Preferred)

- Source documents that evidence one or more of the conditions listed in *Housing Instability Conditions* section of this document

Intake Worker Observation (when third party verification is unavailable)

- Written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Housing Instability Conditions

Housing Instability Condition is met when the client meets **ONE** of the following criteria.

- Has moved because of economic reasons two or more times during the last 60 days immediately preceding the application for homelessness prevention assistance**

Third Party Verification (Preferred)

- Letter from tenant/owner
- OR**
- Referral from housing/service provider
- OR**
- HMIS records

Intake Worker Observation (when third party verification is unavailable)

- Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

- Is living in the home of another because of economic hardship (“doubled-up”)**

Third Party Verification (Preferred)

- Letter from tenant/owner where the participant is residing,
- AND**
- Termination letter from employment, medical or utility bills in arrears

Intake Worker Observation (when third party verification is unavailable)

- Written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance**

Third Party Verification (Preferred)

- Eviction notice, court order to leave within 21 days
- OR**
- If (doubled-up): eviction letter from tenant/homeowner

Intake Worker Observation (when third party verification is unavailable)

- Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Housing Instability Conditions

- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals
 - Third Party Verification (Preferred)*
 - Letter from hotel/motel manager
 - AND**
 - Cancelled check, credit card statements made to hotel, OR if paid in cash, letter from hotel/motel manager
 - Intake Worker Observation (when third party verification is unavailable)*
 - Written, signed, and dated intake worker observation
 - Self-Certification (when both third party and intake observation are unavailable)*
 - Self-certification by the individual or head of household seeking assistance

- Lives in a severely over-crowded unit as defined by US Census Bureau (SRO/efficiency more than 2 people OR 1.5 people per room in larger housing)
 - Third Party Verification (Preferred)*
 - Lease with unit size and number of people in unit
 - OR**
 - Unit details from Tax Assessor's Office
 - Intake Worker Observation (when third party verification is unavailable)*
 - Written, signed, and dated intake worker observation
 - Self-Certification (when both third party and intake observation are unavailable)*
 - Self-certification by the individual or head of household seeking assistance

- Is exiting a publicly funded institution, or system of care
 - Third Party Verification (Preferred)*
 - Discharge paperwork
 - OR**
 - Letters from referring provider
 - Intake Worker Observation (when third party verification is unavailable)*
 - Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions
 - Self-Certification (when both third party and intake observation are unavailable)*
 - Self-certification by the individual or head of household seeking assistance