



**SACRAMENTO
STEPS FORWARD**

Ending Homelessness. Starting Fresh.

Coordinated Access System (CAS) Survivor System Overview Training

Presented by: Carissa Theis (Survivor CAS Program Analyst)
Last Updated: 07/11/2023

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Introducing CAS Team Members

Introducing SSF S-CAS Team Members



Carissa Theis (She/Her)
Survivor CAS Program Analyst

Role: Policy, system improvement, and process development of projects and programs within the Survivor CA System



Tlaltzin Muro
Survivor CAS Referral Specialist

Role: Coordinating with providers for all Survivor CAS housing referrals and placement. Checks client's eligibility and document readiness.

Introducing SSF CAS Team Members



Michelle Reedus (She/Her)
Coordinated Access Systems
(CAS) Housing Manager

Role: Manages and oversees the operations
within the Coordinated Systems



Shaitra Ken (She/Her)
Case Conferencing Specialist

Role: Facilitating and oversees all
standard system case conferencing and
housing placement discussions

Role of SSF and Victim Service Providers (VSPs)

SSF

- Funding and Data Collection
- Lead the system design
- Train staff on processes
- Involve VSP partners
- Refer survivors through a coordinated entry process

Providers

- Provide Trauma-Informed Case Management and/or housing navigation to survivors
- Provide expertise and input
- Integrate the voice of survivors into the homeless system
- Increase access and options of housing resources for survivors

What is Coordinated Access*?

“Coordinated access is a process developed by the CoC to ensure all people experiencing a housing crisis have fair and equal access to community’s housing and homeless assistance resources. CA processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive in a timely manner”

CAS goals:

1. To increase the efficiency of the local crisis response system.
2. Improve fairness in how housing and services are allocated.
3. Facilitate rapid access to housing and services.

Continuum of Care (CoC) is designated by HUD to coordinate local homeless services. Promotes long-term housing stability through:

1. Community-wide planning
2. Coordination of resources and targeted programs
3. Data collection and performance measurement

What isn't Coordinated Access?

- First come, first served
- Back-door or side-door referral processes
- Closed referral system
- Opaque processes

A Confidential System for Survivors

- CoC was awarded funding specifically for HUD's definition of Category 4 Homeless: Fleeing or attempting to flee domestic violence
- As part of the award, HUD requires CoC's to provide safe and confidential access through the Coordinated Access (CA) process
- The new system is aimed to be inclusive of victim service providers and those with the training and knowledge of how to best support survivors in our community

HUD's Definition of Category 4

Definition of Category 4: Fleeing/Attempting to Flee Domestic Violence (DV)

1. Is fleeing, or is attempting to flee, domestic violence, human trafficking, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; and
2. Has no other residence; and
3. Lacks the resources or support networks to obtain other permanent housing.

HUD uses the shorthand term "victim of domestic violence" to consolidate and make it easy to follow. However, when HUD uses the term "victim of domestic violence," it means all individuals and families who meet HUD's Category 4 of homelessness mentioned above.

Current Providers

Programs	Amount of Units
Opening Doors Inc.	20 RRH Units
My Sister's House	10 RRH Units
Shelter Inc.	11 RRH Units (27 beds)
Lao Family Community Development	13 RRH Units (52 beds)
WEAVE Inc.	9 PSH Family Units (2-5 persons)

Six Essential Elements of Survivor Coordinated Access System (S-CAS)

1. Confidentiality
2. Access
3. Assessment
4. Problem-Solving
5. Prioritization
6. Referral

1. Confidentiality

Confidentiality is the responsibility to protect someone else's information when they have shared information with you

- VSP staff are responsible for maintaining client's confidentiality!
 - Staying up to date with trainings and requirements to provide services to survivors
 - When communicating via email, use confidential UIDs and only send documents in encrypted/secure emails
 - Inform a survivor of any applicable limitations of confidentiality between the caseworker and survivor
 - Release of Information should always be signed when communicating with any out
 - Keeping private information shared by the client to yourself and only disclosing information pertinent to coordination of care with other providers

2. Access

Access Points are the engagement points for persons fleeing or attempting to flee Domestic Violence that are able to assist survivors in accessing the CAS

In Sac, clients can currently access the S-CAS via 8 different “Access Points” (which will expand)

- 2-1-1 : Identifies survivors and refers them to the VSP Problem Solving Access Points (PSAP) (currently just WEAVE)
- VSP PSAPs:
 - WEAVE Inc.
 - Community Against Sexual Harm (CASH)
 - Family Justice Center (FJC)
 - International Rescue Committee (IRC)
- Rapid Rehousing Providers
 - Opening Doors Inc. (ODI)
 - My Sister’s House (MSH)
 - Shelter Inc.
 - Lao Family Community Development (LFCD)

3. ASSESSMENT

CoC victim service providers associated with coordinated entry begin assessing the person's housing needs, preferences, and vulnerability.

Assessments:

- Access to Safety and Crisis Resources
- Problem-Solving
- VI-SPDAT + Survivor Specific Prioritization Questions
- Additional housing triage/assessment questions

Housing Problem Solving



5. Prioritization

During assessment, the person's needs and level of vulnerability may be documented for purposes of determining Prioritization.

Prioritization helps the CoC manage its inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

6. Referrals

De-identified data is shared with SSF to prioritize and refer clients to available housing units

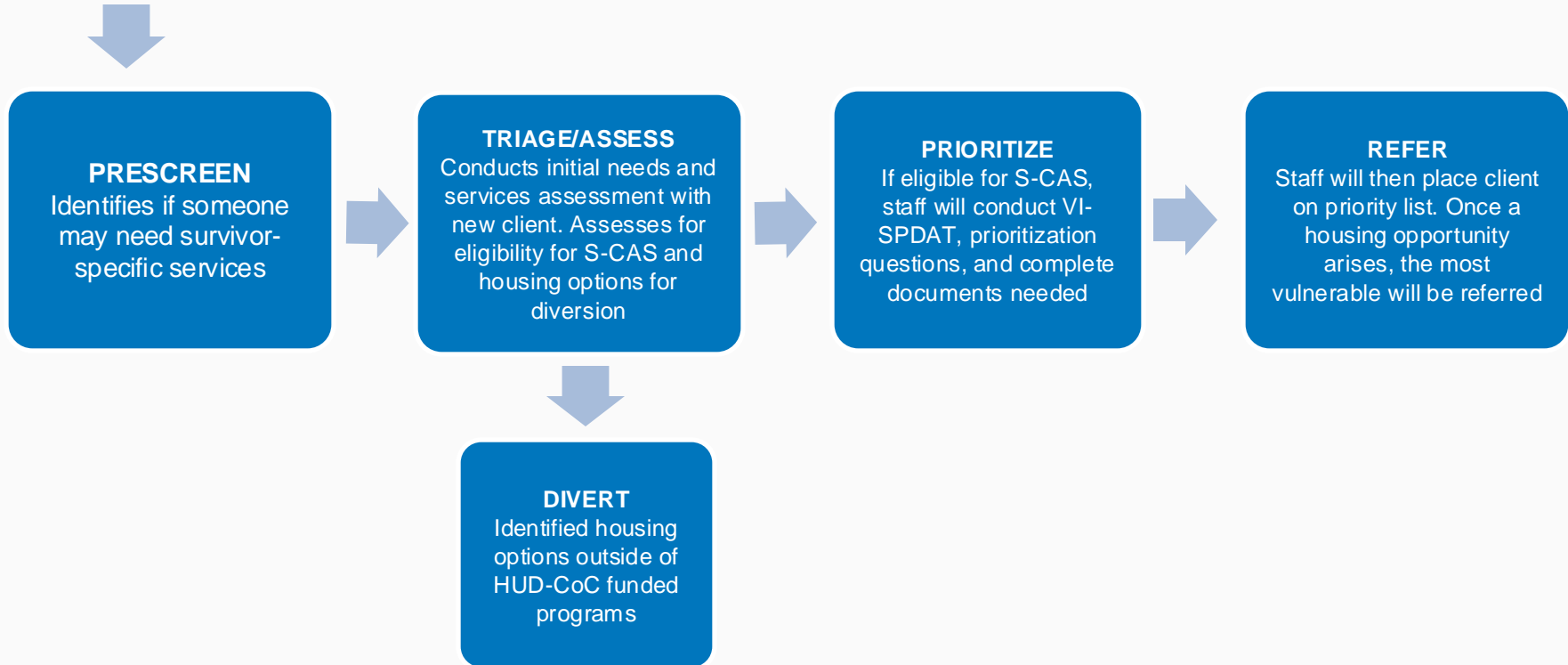
Referrals can currently be made across systems (Survivor and Standard)

To assist with making successful referrals:

1. Phased Assessments
2. Case Conferencing (and Tool Notes)
3. Data Collection
4. Low-barrier approach
5. Data-informed decision making
6. Client-Voice/Provider-Voice
 - a. We want to know how we can improve!

S-CAS Referral Process Flow Chart

ACCESS TO VSP



S-CAS Referral Process

Step 1: Determine Eligibility

Client must meet HUD'S Definition of Category 4 Homelessness: Fleeing or Attempting to Flee DV

see HUD's Definition on Slide 11

	Rapid Rehousing	Permanent Housing (PH)	Permanent Supportive Housing (PSH)
Description	Short-term rental assistance and supportive services (case management). Client holds the lease with property owner. Aimed to assist clients in achieving self-sufficiency and be able to afford their own rent within a maximum of 24 months	10% of Project Based Voucher (housing subsidy) openings through SHRA are allotted to survivors from the standard system. Offers ongoing rental assistance and supportive services	Rental assistance (through SHRA) and supportive services (through WEAVE) provided with no maximum term and ongoing case management - tenant-based voucher
Eligibility Requirements	Just needs to meet Category 4 Homelessness	<ol style="list-style-type: none">1. Category 4 Homelessness2. U.S. Identification Documents (ID)3. Social Security Card4. Income below 30% AMI	<ol style="list-style-type: none">1. Category 4 Homelessness2. U.S. Identification Documents (ID)3. Social Security Card4. Chronically Homeless*5. Certified Disability6. Income below 30% AMI

*[Chronically Homeless](#) is defined as: living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless for at least 12 months or on at least 4 separate occasions in the last 3 years

Step 2: Complete Necessary Documents

To refer the client to the S-CAS Priority List, the following documents need to be completed with the client:

1. Assign the client a confidential UID (example: WEAVE 156273, MSH 54673, etc.)
2. Collect client-signed document: [Release of Information](#)
3. Conduct the VI-SPDAT ([family](#) or [individual](#))
4. Answer [Eligibility, Prioritization, and Housing Preferences](#)
5. Collect client-signed document: [Self-Certification of Homelessness Category 4: Fleeing or Attempting to Flee Domestic Violence](#) (Translated Forms available [Here](#))
6. Collect provider-signed document: [Homeless Certification](#) (check 4th box: 'Individual is fleeing or attempting...')

Note: You'll keep documents on file until referral is made and use the information to enter them onto priority list. PSH Documents do not need to be completed at this time, but need to be completed in order to make client eligible on the PSH priority list. You can complete PSH documents at any time and send them to Carissa.

Step 3: Submit Housing Request Form

1. Use information collected at Step 2 to complete the [Housing Request Form](#)
2. Once entered, the client will then be added to the priority list and prioritized based on vulnerability

Step 4: Add client to Case Conferencing Tool - Notes

Attend bi-weekly Case Conferencing

Keep Case Conferencing Tool - Notes updated on a weekly to bi-weekly basis

The client will then remain on the list until prioritized and referred into a program (or you can request to remove client from priority list if they exit prior to referral for whatever reason)

Case Conferencing



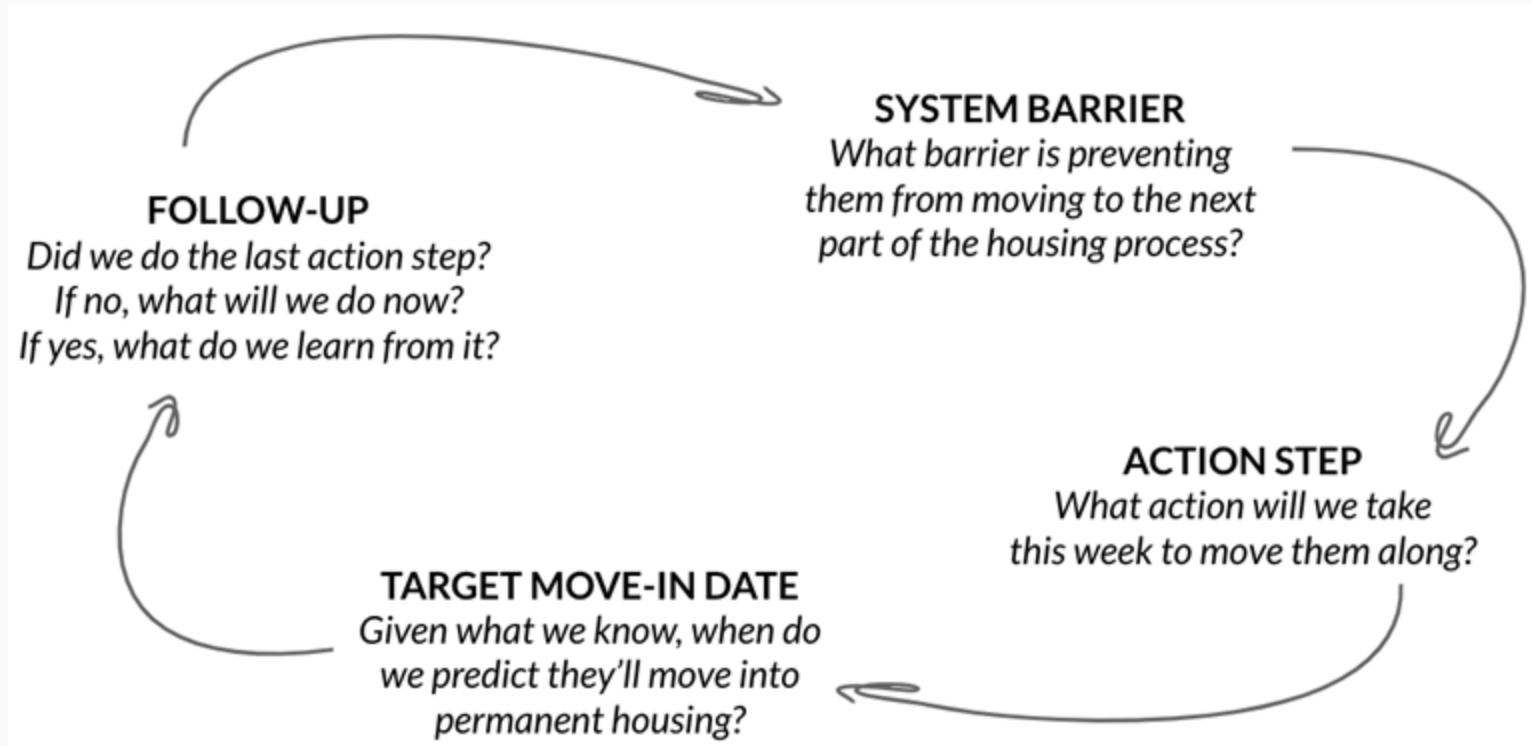
What is Case Conferencing

- Case Conferencing is currently held Bi-Weekly on Tuesdays from 3-4:30pm
- Case Conferencing is client care discussion held between Sacramento Steps Forward representatives and victim service providers across Sacramento County

Purpose:

- Collaborate and provide community wide support on clients' housing plans and other available resources.
- Create action plans and goals to house clients more effectively and quickly.
- Stay updated on the housing openings and/or opportunities, trainings, and other resources

Case Conferencing Discussion and Priority List



Utilizing the Case Conferencing Assessment Tool

[Link to Case Conferencing Tool Guide](#)

[Link to Case Conferencing Tool - Notes](#)

STEP 1: VSP RRH Agency informs SSF of Unit Availability

- Via email or at case conferencing

STEP 2: SSF Identifies top prioritized client in Coordinated Access List

- Reviews notes from recent Case Conferencing
- Reviews caseworkers notes from Case Conferencing Tool

STEP 3: SSF Contacts Caseworker to identify appropriateness for RRH program

- Done via email or phone call

STEP 4: SSF Sends official referral email to VSP housing agency and caseworker

- Case worker sends ROI and intake documents to housing agency (confidentially)
- Date of email is official referral date

STEP 5: Caseworker and housing agency schedule warm hand off and intake appointment altogether with client

- Needs to be conducted within 5 days of referral email

STEP 6: VSP RRH Agency completes required program documentation and works with client to achieve permanent housing through self-sufficiency

PH/PSH Unit Availability

PH Unit Availability

STEP 1: SSF is informed of unit availability for PH programs

STEP 2: SSF informs VSP's in CAS of availabilities arising

STEP 3: SSF identifies top prioritized on Survivor CA List that meet criteria for program

STEP 4: SSF contacts caseworkers to identify if client meets criteria for program and is document ready

STEP 5: SSF makes referral in HMIS and sends official referral email to caseworker and PH agency and SHRA

STEP 6: VSP Caseworker works with client to complete all Applications and continues to work with client through housing process

(you have two weeks from referral date/email to complete applications)

PSH Unit Availability

STEP 1: WEAVE informs SSF of unit availability

STEP 2: SSF identifies top prioritized from Survivor CA PSH Document Ready List

STEP 3: SSF works with caseworker to ensure documents are up to date and client is appropriate/eligible for PSH program

STEP 4: SSF makes referral in HMIS and sends official referral email to caseworker and WEAVE and SHRA

STEP 5: WEAVE and caseworker set up intake and warm hand off with client

STEP 6: Completes all necessary documents with client for PSH program enrollment

PSH Document Readiness



S-CAS Referral Process

PSH Document Ready

1. [Homeless Certification](#) (expires after 90 days)
2. [Certification of Homelessness Category 4: Fleeing or Attempting to Flee Domestic Violence](#) (expires after 90 days)
 - a. This form is for RRH/PH/PSH through the Survivor CES, it is not needed for the standard system
3. [Chronic Homelessness Certification](#) (never expires)
 - a. Chronic Homelessness History - make sure to check off all the forms of verification that you are submitting
4. [Disability Certification](#) (never expires)
 - a. Fill out only ONE section of the form:
 - i. Section 1: Any staff member can fill this section out. Must upload proof of disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or receipt of a disability check (e.g. Veteran Disability Compensation) onto HMIS.
 - ii. Section 2: Must be signed by a license profession and include license number.
5. 12 Months of [Verified Homelessness](#)
 - a. There needs to be clear documentation that the client experienced homelessness continuously for at least the last 12 months or at least 4 occasions in the last 3 years, where the combined occasions total at least 12 months.
 - b. This can be done through the following:
 - i. [Homelessness History Mapping Tool](#): This form clearly lays out their months of homelessness and verifications needed to document homelessness. The bottom of this form can be completed to verify attempts to obtain third party verification
 - ii. [Third Party Homelessness History Verification](#) Form: HUD biggest priority is to collect these forms. This form is for Homeless providers to verify that they witnessed the client homeless and the months they are verifying for.
 - iii. [Third Party Letters](#): A written observation by an outreach or intake worker, community member, or housing or service provider of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living and the dates they witnessed the client homeless. This can be in place or in conjunction with the Third Party Homelessness History Verification form.
 - iv. [Self-Certification of Homelessness](#): The client can only certify for up to 3 months of homelessness they experienced within the last 3 years.
 - v. HMIS Printout
6. Valid Identification Document (ID)
7. Social Security Card
8. If they have dependents/ minors:
 - a. Birth Certificates and Social Security Cards (for all dependents)

Document Readiness

Certification of Homelessness Category 4: Fleeing or Attempting to Flee Domestic Violence

- Expires after 90 days
- Please fill out everything!

Client initials all 3 lines

Client signs here

VSP does **NOT** sign here.
VSPs sign the Homeless
Certification

Certification of Homelessness
Category 4: Fleeing or Attempting to Flee Domestic Violence*

*This form can be used by clients to self-certify domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous/life-threatening conditions that relate to violence against the individual or family member that took place within my primary residence or has make them afraid to return

Client Name (Head of Household): _____
Date of Birth: _____

To be completed by the client
Instructions: Please initial next the following statements that apply to your current living situation.

_____ I am fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous/life-threatening conditions that relate to violence against me or a family member that took place within my primary residence or has make me afraid to return

_____ I have no other place to live

_____ I do not have the financial resources and support networks to obtain other permanent housing

Client Signature: _____ Date: _____

Agency/Staff Certification (Non-victim service providers only)
Do not upload this form into HMIS unless the participant has authorized it.

I certify to the best of my knowledge and belief, that the above-stated information is true.

Staff Signature: _____ Date: _____
Name: _____
Title: _____
Agency Name: _____

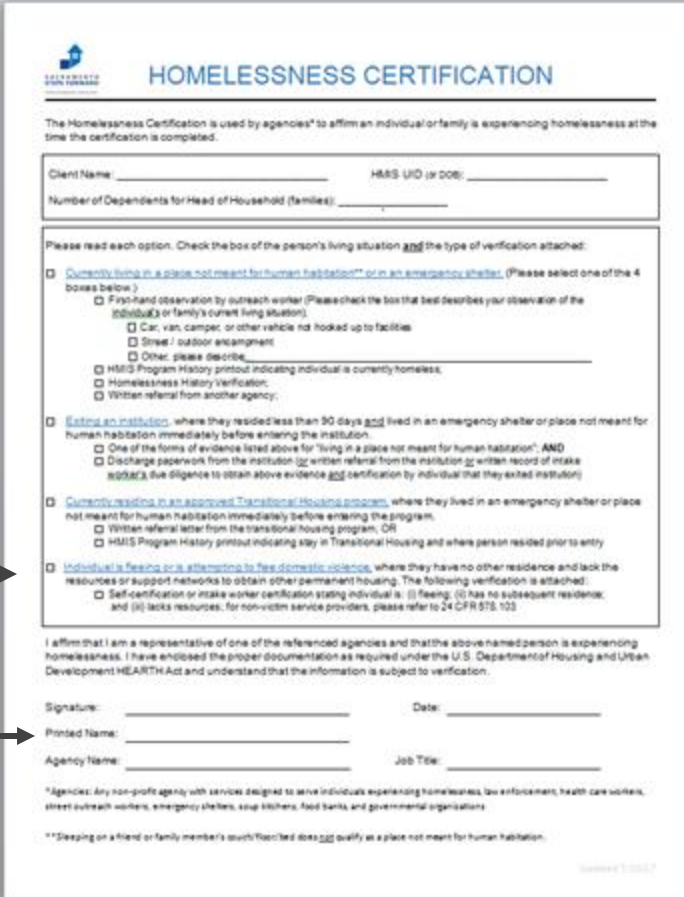
Document Readiness

Homeless Certification

- Expires after 90 days
- Please fill out everything!

Check box and type of verification attached

Provider/ Case Manager's information and signature



The form is titled "HOMELESSNESS CERTIFICATION" and includes the HUD logo. It contains a header, a purpose statement, a client information section, a verification options section, and a signature section. Two blue callout boxes with arrows point to specific parts of the form: one points to the first verification option, and the other points to the signature fields.

HOMELESSNESS CERTIFICATION

The Homelessness Certification is used by agencies* to affirm an individual or family is experiencing homelessness at the time the certification is completed.

Client Name: _____ HHS UID (or DOI): _____

Number of Dependents for Head of Household (family): _____

Please read each option. Check the box of the person's living situation and the type of verification attached:

Currently living in a place not meant for human habitation** or in an emergency shelter. (Please select one of the 4 boxes below.)

- First-hand observation by outreach worker (Please check the box that best describes your observation of the individual's or family's current living situation.)
 - Car, van, camper, or other vehicle not hooked up to facilities
 - Street / outdoor encampment
 - Other, please describe: _____
- HHS Program History printout indicating individual is currently homeless.
- Homeless History verification.
- Written referral from another agency.

Entered an institution where they resided less than 90 days and lived in an emergency shelter or place not meant for human habitation immediately before entering the institution.

- One of the forms of evidence listed above for "living in a place not meant for human habitation", **AND**
- Discharge paperwork from the institution (or written referral from the institution or written record of intake **AND** due diligence to obtain above evidence and certification by individual that they exited institution)

Currently residing in an approved Transitional Housing program, where they lived in an emergency shelter or place not meant for human habitation immediately before entering the program.

- Written referral letter from the transitional housing program, **OR**
- HHS Program History printout indicating stay in Transitional Housing and where person resided prior to entry

Individual is fleeing or is attempting to flee domestic violence, where they have no other residence and lack the resources or support networks to obtain other permanent housing. The following verification is attached:

- Self-certification or make worker certification stating individual is: (i) fleeing; (ii) has no subsequent residence; and (iii) lacks resources. For non-victim service providers, please refer to 24 CFR 575.103

I affirm that I am a representative of one of the referenced agencies and that the above-named person is experiencing homelessness. I have enclosed the proper documentation as required under the U.S. Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: _____ Date: _____

Printed Name: _____

Agency Name: _____ Job Title: _____

*Agencies: Any non-profit agency with services designed to serve individuals experiencing homelessness, law enforcement, health care workers, street outreach workers, emergency shelters, soup kitchens, food banks, and governmental organizations.

** Depending on a friend or family member's couch/floor/bed does not qualify as a place not meant for human habitation.

HUD Form 50327

Disability Certification

- Does not expire
- Please fill out only ONE of two sections

Section 1:

- Can be completed by any Homeless Service Provider
- Upload SSI, SSDI, or receipt of disability benefit onto HMIS
- Be sure to check box

Section 2:

- Can be completed **ONLY** by licensed professionals
- Be sure to check box
- Be sure that license # is written

DISABILITY CERTIFICATION

The Disability Certification is used to affirm that an individual is disabled and is used only for the purpose of qualifying for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD).

Client Name _____ HMIS UD (or) OOB _____

Please complete either Section 1 or 2.

Section 1. Completed by HOMELESS SERVICE PROVIDERS, HOUSING PROVIDERS, or HEALTHCARE WORKERS only

Required: Attach proof of disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or receipt of a disability check (e.g. Veterans Disability Compensation)

Individual has a disability that has been verified by the Social Security Administration or by receipt of a disability check.

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature: _____ Date: _____

Printed Name: _____

Agency Name: _____ Job Title: _____

Section 2. Completed by the following Licensed Professional by the State of California ONLY: MD or DO, EMD, PMD, LMFT, LCSW, LPCC, NP or FNP, PA*

*For Physician Assistants, please include name and license number of your supervising physician.

Required: ONLY a professional licensed by the State of California to diagnose and treat the qualifying disability can verify the disability (24 CFR 578.103)

Individual has a disability, as defined in the HEARTH Act of 2009, which means:

(i) A condition that is expected to be long-term and of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by the provision of more suitable housing conditions; AND is one of the following:

- a physical, mental or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury
- a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)
- the disease of AIDS or any conditions arising from the etiologic agent for AIDS, including HIV

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature: _____ Date: _____

Printed Name: _____ License #: _____

Agency Name: _____ Job Title: _____

(PA's only) Supervising Physician Name: _____ (PA's only) Supervising Physician License #: _____

Updated 4/11/2013

Document Readiness

Chronic Homeless Certification

- Does not expire
- Fill out completely

Chronic homelessness history can be verified in the following ways:

- HMIS program verification
- Third Party Homelessness History Form
- Agency/Third party letter
- Client self-certification (up to 3 months)

The image shows a 'CHRONIC HOMELESSNESS CERTIFICATION' form from the City of San Francisco. The form includes fields for Client Name, HMIS UID, and Number of Dependents. It has a section for 'Disabling Condition' with checkboxes for 'Disability Certification Form' and 'Selections' (with sub-options for Social Security verification and professional signing). There is a 'Chronic Homelessness History' section with checkboxes for 'HMIS printout of client's program history', 'Homelessness History Verification', 'A letter from a homeless service provider', and 'Self-Certification of Homelessness'. A signature line at the bottom has arrows pointing to the 'Disability Certification Form' checkbox, the 'Chronic Homelessness History' section, and the signature line itself. A blue box on the right contains the text 'Indicate types of verification used for chronicity and disability'.

CHRONIC HOMELESSNESS CERTIFICATION

The Chronic Homelessness Certification is used to certify an individual or family as chronically homeless as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 578.3

Client Name: _____ HMIS UID (or both): _____
Number of Dependents for Head of Household (families): _____

Applicant must meet both requirements. Please mark that the following documents are attached for:

Disabling Condition

Disability Certification Form

Selections:

Written verification from the Social Security Administration or receipt of a disability check is attached
 Form is signed by a professional licensed by the State of CA

Chronic Homelessness History (check all that apply):

HMIS printout of client's program history
 Homelessness History Verification
 A letter from a homeless service provider indicating date and location of encounter
 Self-Certification of Homelessness

I have checked that the Chronic Homeless History documents indicate the person/family was homeless for at least the last 12 consecutive months or 4 instances* within the last 3 years _____ initials _____

*The 4 instances must total at least 12 months. Each instance of homelessness must be separated by a break of least 7 days.

I certify, to the extent of my knowledge, that the above named individual or family is experiencing chronic homelessness. I have enclosed verification documents as required under the U.S. Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: _____ Date: _____
Printed Name: _____
Agency Name: _____ Job Title: _____

Indicate types of verification used for chronicity and disability

Verifying chronic homelessness status (12 months):

- Up to three years of homeless history
- Have experienced homelessness (Category 1 or 4) continuously for at least the last 12 months
- OR at least 4 occasions in the last 3 years, where the combined occasions total at least 12 months.
 - Occasions must be separated by a break of at least seven nights
 - Stays in institution (including jail, substance abuse or mental health treatment facility, hospital, or other similar facility,) of fewer than 90 days count towards homelessness and do not constitute a break OR
 - An individual who has been residing in an institutional care facility for fewer than 90 days and met chronic status prior to admission to institutional care facilities
- A written observation by an outreach or intake worker, community member, or housing or service provider of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living.
 - The outreach worker or intake worker cannot provide third-party documentation for months in which they did not encounter the individual or head of household
- One day of experiencing homelessness within a month will be counted towards the whole month
 - Ex. if a client is experiencing homelessness one day of the month for every month in January until April, that is 4 months of experiencing homelessness. It is also considered 4 separate episodes of homelessness.
- Family members do NOT count as a third party.

Homeless History Mapping Tool

Mapping Tool can help us connect the 12 months to the appropriate forms

Also can be used for when you are unable to obtain 3rd party verification despite best efforts

HOMELESSNESS HISTORY MAPPING TOOL

Client Name: _____ HMS UID (if applicable): _____

Homelessness History Timeline

Year: 2020 | Year: 2021

Year: 2022 | Year: 2023

Homelessness History Specifics

Start Date (Month & Year)	End Date (Month & Year)	Living Situation	Who Could Verify	Verifier's Contact Info (Phone, Email, Address)
4/2/22	6/28/22	<input type="checkbox"/> Living on the Streets <input checked="" type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed	Client	Client Self-Certification of Homelessness
7/6/22	10/20/22	<input type="checkbox"/> Living on the Streets <input checked="" type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed	HMS Printout	HMS Printout Family Shelter in HMS
2/7/23	4/25/23	<input type="checkbox"/> Living on the Streets <input checked="" type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed	CASH	Third Party Verification Leslie Rust (916) 856-2900 lrust@cashaac.org
5/4/23	Present	<input type="checkbox"/> Living on the Streets <input type="checkbox"/> Living in a Car <input checked="" type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed	City of Refuge	Third Party Verification Rachel 8912748912 rachel@oor.org

Updated 5/26/21

HOMELESSNESS HISTORY MAPPING TOOL

Attempts to Obtain a Third Party Verification

Date	Verifier Name	Verifier's Contact Info (Phone, Email, Address)	Type of Attempt	Outcome of Attempt
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____

Additional Barriers to Obtaining a Third Party Verification

Start Date (Month & Year)	End Date (Month & Year)	Barrier	Additional Information regarding the Barrier
		<input type="checkbox"/> Out of County <input type="checkbox"/> Out of State <input type="checkbox"/> Truck Driver, Living in Cab <input type="checkbox"/> Transient Life-Style (moved frequently)	
		<input type="checkbox"/> Out of County <input type="checkbox"/> Out of State <input type="checkbox"/> Truck Driver, Living in Cab <input type="checkbox"/> Transient Life-Style (moved frequently)	

Signature: _____ Date: _____

Printed Name: _____

Agency Name: _____ Job Title: _____

Updated 5/26/21

Document Readiness

Third Party Verification

Client must provide permission before you can request third party verification



SACRAMENTO STATE FORENSIC

THIRD PARTY HOMELESSNESS HISTORY VERIFICATION

The Homelessness History Verification is completed by a third party to verify an individual's homeless history.

Client Name	HMS UID	Agency Requesting Third Party Verification
I authorize the above named agency to share minimal identifying information about me and request information from the Third Party verifier listed below for the purpose of verifying my homelessness history.		
Client Signature	Date	

THIRD PARTY VERIFIER	
Name and Title	Business / Agency / Organization Name
Address	Contact Number

Completed by Third Party Verifier: Specifics of Observations

*Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc. An individual simply stating they are homeless does NOT qualify as an observation. (Please see back for additional instructions.)

	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
1 st Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: _____
2 nd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: _____
3 rd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: _____
4 th Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: _____
Signature of Third Party Verifier			Date	

Signature of Requestor	Printed name of Requestor	Date
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Agency providing verification that they first handedly witness the client experiencing homelessness



Your signature

Document Readiness

Completed by Third Party Verifier: Specifics of Observations				
<small>*Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc. An individual simply stating they are homeless does NOT qualify as an observation. (Please see back for additional instructions.)</small>				
	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
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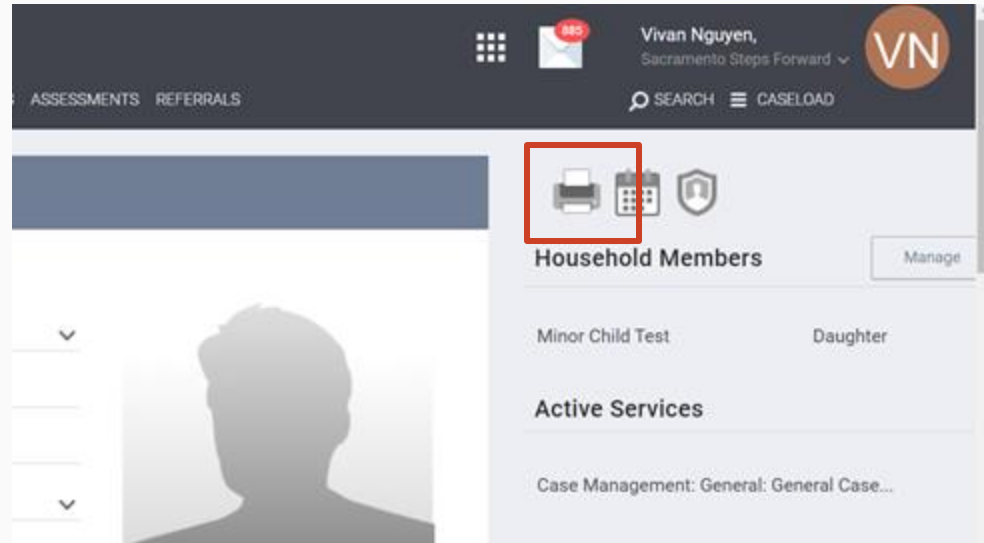


Date Fields
Ex. 05/01/21- 08/01/21

Location (such as the
actual address or
geographic name of
area)

Third Party History Report through HMIS

1. Go to client's profile
2. By the upper right hand side, select Printer icon to pull reports



Document Readiness

3. Select “Run” on the Homeless Status Timeline

The screenshot shows a user interface for a client profile named "Mother Test". The top navigation bar includes links for PROFILE, PROGRAMS, HISTORY, FILES, CONTACT, LOCATION, NOTES, SERVICES, ASSESSMENTS, and REFERRALS. The user is identified as Vivan Nguyen, Sacramento Steps Forward. The main content area is titled "CLIENT REPORTS" and lists several reports. The report "[CLNT-127] Homeless Status Timeline [2022]" is highlighted with a red box, and a red arrow points to the "RUN" button next to it. Other reports include Case Notes, Photo ID Card - Sample, Profile Screen, Client Appointments, Client Service Notes, Client Summary, and Client Enrollment Details. The right sidebar shows sections for Household Members (Minor Child Test - Daughter), Active Services (Case Management: General: General Case...), and Active Programs (Problem-Solving Access Point (PSAP) ..., American River Parkway Outreach Naviga...).

Report ID	Report Name	Run	Schedule	More Info
[CLNT-101]	Case Notes	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO
[CLNT-103]	Photo ID Card - Sample	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO
[CLNT-104]	Profile Screen	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO
[CLNT-105]	Client Appointments	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO
[CLNT-106]	Client Service Notes	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO
[CLNT-125]	Client Summary	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO
[CLNT-127]	Homeless Status Timeline [2022]	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO
[CLNT-128]	Client Enrollment Details	⏪ RUN	📅 SCHEDULE	⌵ MORE INFO

4. Enter report range
 - a. Start date should be 1st day of the month, 3 years prior to current month
 - b. End Date should be current date
5. Select Report Output format as “PDF”
6. Select SUBMIT

It takes some time for the report to process, so **DON'T LEAVE THE PAGE**

The screenshot shows a web application interface for generating a report. At the top, there is a dark header with the text "Mother Test" and a navigation menu with links: PROFILE, PROGRAMS, HISTORY, FILES, CONTACT, LOCATION, NOTES, SERVICES, ASSESSMENTS, REFERRALS, and PREVIEW. Below the header is a section titled "CLIENT REPORTS". The main content area shows "Client Reports > [CLNT-127] Homeless Status Timeline [2022]". There are two input fields: "Report Date Range" with a date range of "06/01/2019" to "06/08/2022" and "Report Output Format" with radio buttons for "Web Page" and "PDF" (which is selected). A "SUBMIT" button is located below the "Report Output Format" field. At the bottom left, there is a small text "Managed with Clarity Human Services".

Document Readiness

Client Timeline Enrollments		Sacramento Steps Forward																																								
		Report period 06/01/2019 - 06/02/2022																																								
		Client Name: [REDACTED] Unique ID: [REDACTED]																																								
		2022						2021						2020						2019																						
		6	5	4	3	2	1	12	11	10	9	8	7	6	5	4	3	2	1	12	11	10	9	8	7	6	5	4	3	2	1	12	11	10	9	8	7	6				
SUMMARY - Homeless Status (per HUD definition)		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	?	?	Y	Y	?	?	?	?	?	Y	Y	Y	Y	Y	?	?	?	?	?	Y	Y	?	Y	?				
[City of Sacramento & WellSpace Partnership] Interim Care Program (ICP) Plus Pathway																																										
[City of Sacramento]North 5th Navigation Center - ES		S	S	S	S	S	S	S	S	S	S	S	S	S																												
[COVID-19 Temporary Shelter System]Comfort Inn - Preventative Care Motel Shelter Expansion - ES																																										
[COVID-19 Temporary Shelter System]SureStay - Preventative Care Motel Shelter Expansion - ES																																										
[Sacramento Self Help Housing (SSH)]SSH: Pathways - SSO																																										
[WellSpace Health]Interim Care Program (ICP) - ES																																										

SUMMARY- Homeless Status: Boxes must be green with a “Y” to be counted towards homeless verification
 This example has 12 continuous months of experiencing homelessness

Self-Certification of Homelessness


Self-Certification of Homelessness

- Client can only certify that they were homeless for **up to 3 months**

- Fill in client name
- Fill in Survivor System UID and HMIS UID (if applicable)

- Fill in start and end dates they were experiencing homelessness and what their location was

- Staff and client fill out bottom

 **SELF-CERTIFICATION OF HOMELESSNESS**

The Self-Certification of Homelessness form is used to document homeless history and breaks in homelessness. If the individual or family self-certifies for more than 3 months, a completed **Homelessness History Mapping Tool** must be attached documenting due diligence in attempting to obtain third party verification.

CLIENT NAME:		HMIS UID (or DOI):	
Start Date	End Date <small>(current date if residing in same location)</small>	Location of Stay	Location Type (Check <u>only</u> for each instance)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): <input type="checkbox"/> Institution (e.g. hospital, jail) <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): <input type="checkbox"/> Institution (e.g. hospital, jail) <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
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Client signature below certifies that the above information is correct

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Printed Name: _____

Agency Name: _____ Job Title: _____

Updated 7/10/17

Next Steps

- Office Hours: We will now begin hosting bi-weekly office hours on Tuesdays from 3-4pm (weeks in between Case Conferencing)
 - During these hours we will be conducting trainings and allowing space for you all to come and ask questions/get support
 - Next office hour: July 25th we will be going through examples of PSH doc ready
- Developing changes to tools and processes based on feedback obtained by you all
- Create easy-to-understand materials for training staff and for the public
- Building out policies and procedures
- Expand partnerships with VSPs and build out resources

Resources

Survivor System Resources

[Survivor CAS Google Drive](#)
[HMIS New Agency Access](#)

[Survivor CAS Guide](#)
[HMIS New User Access](#)

[PSH Document Ready Guide](#)

Standard System Resources:

[Standard System Provider Resources Directory](#)

[Standard System CAS Training](#)

[Permanent Supportive Housing \(PSH\) and Rapid Rehousing \(RRH\) Referral Process](#)

[Family Permanent Housing \(Vista Nueva and Sunrise Pointe\) Referral Process](#)

Questions?

THANK YOU!