**What is Coordinated Entry?** Coordinated Entry is a processthat ensures that those that have been experiencing homelessness the longest and have the greatest barriers to obtaining and maintaining permanent housing on their own are outreached, assessed for housing needs, and prioritized for referral and placement into limited permanent housing availability that meets their individual needs and preferences.

**LICH Street Outreach:** The LICH Street Outreach teamprovides direct outreach, support and housing-focused case management to people that are currently living unsheltered and have been experiencing homelessness on the street or in emergency shelter for more than one year.

**Street Outreach Eligibility and Prioritization of Services:** The LICH Street Outreach team, based on funding source, can only directly provide services to those that currently meet the HUD homeless definition of living in a place “not meant for human habitation.” This includes people that are living on the street, outside in the woods at parks, at train stations, in their vehicle, in an abandoned building, etc. Of those currently living in places for meant for human habitation, the street outreach team is currently providing intensive case management to many people on the street that have been homeless for one year or more, who will remain enrolled in the street outreach program until permanently housed. As such, we must require verification of length of time homeless to refer additional persons living unsheltered to the street outreach team. Only people that are living unsheltered and have been experiencing homelessness for one year or more in the past three years can be immediately enrolled in street outreach. All other persons living unsheltered will be referred to other existing street outreach teams in the community where they are presenting.

**Methods of Verifying Length of Time Homeless for LICH Street Outreach Enrollment:**

**Option 1- Third Party Documentation of Homelessness**

On Page 3 of this referral form, you will find the template to completed by a third-party entity that either provides direct homeless services or regularly observes/engages and/or has personal knowledge of someone living on the street (i.e. police, library, homeless drop-in center, local business, community volunteer/advocate, faith-based entity, hospital/doctor, community center/senior center, other non-profits, etc.). Due to potential conflict of interest, this form should not be completed by a family member or friend.

**Option 2- First Party and Second Party Documentation of Homelessness (if Third Party cannot be obtained)**

On Pages 4, 5, and 6 of this referral form, you will find the templates to complete first party and second party documentation. Page 7 includes guidance on assisting a person experiencing homelessness with completing the first party documentation.

The first party template is to be completed by the person that is experiencing unsheltered homelessness, attesting to, and confirming their living situation and eligibility for street outreach services.

The second party template is to be completed by the person making the referral, as a way to provide an objective summary as to factors for why, in your opinion, you believe the person being referred to have been experiencing homelessness for one year or more even if you have not directly observed or engaged this person personally for the full duration of time being reported as their length of time homeless.

**Referral Information Required**

Full Name of Person Living Unsheltered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name and Title/Affiliation of Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number and Email for Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the specific living situation below to ensure that it falls within the HUD definition of someone living in a place “not meant for human habitation.”

|  |  |  |
| --- | --- | --- |
| **1. Where is this person sleeping tonight?** ***[DO NOT READ CATEGORIES. CIRCLE ONLY ONE CATEGORY.]*** | 1. **Street or sidewalk**
2. **Vehicle (car, van, RV, truck)**
3. **Park**

***Unsheltered***1. **Abandoned building**
2. **Bus, train station, airport**
3. **Under bridge/overpass**
4. **Woods or outdoor encampment**
5. **Other location (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 | 1. **Emergency shelter**
2. **Transitional housing**
3. **Motel/hotel (DSS or self-pay)**

***Not eligible for street outreach***1. **Boarding Homes**
2. **House or apartment**
3. **Jail, hospital,**

 **treatment program****15. At-risk of homelessness** |

**Detailed Description of the Person** (Identifying Characteristics to help identify on the street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Detailed Location Description(s)** of where this person sleeps at night and is most likely to be found: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information** if person has a working phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Immediate Needs for Survival reported to you by this person or observed (essential items):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Housing Needs for long-term safe and stable housing reported to you by this person:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Comments about service needs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

third party Homelessness Length of TIme Verification

Living situations that are counted in the length of time homeless to verify chronic homeless status only include the time a person spent living unsheltered or living in emergency shelter.

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was homeless for the time listed below and was residing at the following location(s) outside or in emergency shelter\*:

Please note that all year-round emergency shelters in Nassau and Suffolk other than DV-specific shelters use the Homeless Management Information System (HMIS) and will be verified with review of shelter stays recorded in the database.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location Type (example- living in a wooded area/park)** | **Specific Location Type (example- living in a tent in the woods behind the 7/11 on East Jericho Turnpike in Huntington Station)** | **Start Date** | **End Date** | **Length of Stay(months)**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Details about the client’s episodes of homelessness must be written below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HUD Homeless first party / Self-attestation Certification

**Person’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Instructions: *This template for a Self-Statement Certification may be used when a homeless person applying to a program serving homeless persons lacks connections with service providers to complete a Third-Party Verification of a history of homelessness.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location Type (example- living in a wooded area/park)** | **Specific Location Type (example- living in a tent in the woods behind the 7/11 on East Jericho Turnpike in Huntington Station)** | **Start Date** | **End Date** | **Length of Stay(months)**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

What else would you like to share about your history? For example, *“I cannot remember the name of the place where I was living during the fall of 2021, but I believe that it was a homeless emergency shelter.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Signature of Client) (Date)

I reviewed the above statement with the client.

(Signature of Staff Witness) (Organization) (Date)

(Staff Name) (Staff Title)

second-party Verification of unsheltered homelessness Certification

**Person’s Full Name (First Last):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions*: This template may be used to document a staff person’s belief, based on professional and/or lived experience, that this person is currently experiencing homelessness, and for how long, based on observation, information from the person, community members, and other specific reasons that someone is believed to be homeless.*

*This document must be accompanied by a person’s self-attestation of homelessness in the absence of third-party verification from an entity that either provides homeless services or regularly observes and engages someone to be living on the street (i.e. police, library, homeless drop-in center, local business, community volunteer/advocate, faith-based entity, hospital/doctor, community center/senior center, other non-profits, etc.)*

Please note that all year-round emergency shelters, except for shelters specifically for victims of domestic violence (VAWA) are verified using the Homelessness Management Information System (HMIS). The document is document time that someone was living unsheltered.

**Agency/Affiliation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that to the best of my knowledge, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is/was homeless (that is sleeping in a place not meant for human habitation such as living on the streets OR living in a homeless emergency shelter during the following period(s) of time:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location Type (example- living in a wooded area/park)** | **Specific Location Type (example- living in a tent in the woods behind the 7/11 on East Jericho Turnpike in Huntington Station)** | **Start Date** | **End Date** | **Length of Stay(months)**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I firmly believe this information to be true based on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please document any attempts to obtain third party verification below:

**Attempt to receive third party verification from staff at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Date request for information made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Third party verification received? \_\_\_\_ Yes \_\_\_ No*

*Attempt to receive third party verification from staff at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date request for information made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Third party verification received? \_\_\_ Yes \_\_\_\_No*

*Attempt to receive third party verification from staff at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date request for information made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Third party verification received? \_\_ Yes \_\_ No*

**\_\_\_ I acknowledge that this document, in it of itself, does not confirm eligibility or prioritization for any specific housing opportunities but can help with the process of obtaining third party documentation to be used as part of permanent housing prioritization for permanent housing programs funded through CoC, ESG, or ESSHI. Third party documentation of homelessness must be obtained within 180 days of this verification.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Signature of Program Staff)**

**Agency/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explanation of the first party verification form to the person living unsheltered:**

Because the LICH Street Outreach programs are funded by The Department of Housing and Urban Development (HUD), it requires that people that staff from the program are working with in the community must be people that are currently living unsheltered. This form confirms that you are currently living unsheltered. Completing this form does not mean that you are forced to work with anyone at LICH or agree to any services.

The way that this form is completed is by reviewing your current living situation and then helping to work backwards in time to think about where you were before experiencing homelessness, if you have been on the street or in shelter any other times in the past three years not including your current living situation.

Let’s start with confirming and filling in where you are currently living on the street on the first line. Based on what you have told me, that would be [person’s stated living situation location, for example at the Ronkonkoma LIRR Station].

Next let’s think about how long you have been homeless to see if we can make an approximate guess on the date that you became homeless. Based on what you have told me, that would be approximately [date, for example 6/1/2022]. *Prompting questions to help with this- Do you remember what season it was? What is your favorite holiday- do you remember if it was before or after that holiday, were you homeless on that holiday? When is your birthday- do you remember if it was before or after your birthday, were you homeless on that day?*

Based on what you told me, your current situation [was/wasn’t] the only time you have been homeless in recent time. If it wasn’t the only time, can you help me figure out where you were before that, for how long. Were there any other times you were on the street or in shelter?

Thank you, this is helpful for me to understand and allows me to enroll you in the street outreach program. What that means is that as long as you remain on the street, you are eligible for assistance from our team with connections to housing and resources. It doesn’t require that you must work with us or participate in any services, but if you continue to be open to that, we can work on furthering exploring your housing goals and connecting you to housing opportunities that you are interested in and that are available to you.

On the form, I’ve filled in your name- is this spelled correctly [recite verbally if necessary]? [edit if incorrect spelling]

I’ve also listed out all the times you have described as being homeless. Does this look correct? [recite verbally if necessary]

Based on what we have written down, it’s a total of [x] months in the past three years. Does that sound correct to you?

The last part is for both you and I to sign and date the document. Again, this does not mean that you agree to anything or are required to accept any services, it only confirms that you are eligible for ongoing help with housing from LICH if you remain on the street and you are willing to work with us.

Thank you for helping with getting this form completed.