

Home Stretch Documentation Checklist

Instructions: Housing Navigators should use this checklist as a guide of documents to have ready for a client to be matched to specific housing opportunities. It is recommended that documents be submitted within 60 days of being enrolled in the Home Stretch registry.

Required:

- Housing Profile
- Government-issued Photo Identification
- Social Security Card (or copy of Social Security Administration receipt of application)
- Veteran's Verification (for Veteran-specific housing opportunities; e.g., Veteran ID, DD214)
- Disability Verification
 - a) Licensed professional verification of specific disabilities:
 - i) Severe mental illness (for MHSA housing)
 - ii) HIV/AIDS (for HOPWA housing)
 - iii) Developmental disability (for some units with this preference)
 - iv) Substance use disorder (for some County S+C units)
 - If Disability Verification from a Licensed Professional cannot be obtained:*
 - b) Written verification of disability from the Social Security Administration, OR
 - c) Copy of a disability check (e.g. Social Security Disability Insurance check or Veteran's Disability Compensation)
- Housing History
- Homelessness Verification (Chronic Homelessness Verification, when appropriate; must be dated within 60 days)

For each child under age 18 in household:

- Social Security Card (or copy of Social Security Administration receipt of application)
- Birth Certificate
- Proof of Custody (If minor is not in applicant's custody, proof that the applicant will have custody upon securing stable housing)

For each additional household member (age 18 and older):

- Government-issued Photo Identification
- Social Security Card (or copy of Social Security Administration receipt of application)

If Necessary:

- Service Animals (licensed professional authorization for need)
- 24-hour live-in care (verification from a health care or social services agency)
- Reasonable Accommodation requests for disabilities

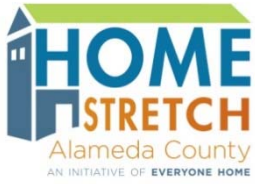
Recommended:

- Income Verification for all proposed household members
 - a) For *earned income*: last 3 pay stubs (or letter from the employer stating # hours and wages)
 - b) For *unemployment benefits*: current printout from EDD
 - c) For *government assistance*: printout from the GA, TANF, VA, or Social Security office that is dated within 30 days
 - d) For *zero income*: Signed "Affidavit of Zero Income"
- Sample completed housing application or tenant resume (for help in completing program specific forms)
- Tenant/credit history report (to help prepare for housing interviews and for addressing any outstanding issues)

Contact **HOME STRETCH**

fax: 1 (855) 658-5466, email: HomeStretch@acgov.org, phone: (510) 891-8938

mail: Post Office Box 29172, Oakland, CA 94612



Housing Profile

Instructions: Use this form to document housing unit preference and household information required to match client to housing opportunities through Home Stretch. Please provide an explanation for any “yes” answers below.

Client Name: _____ Client HMIS ID# (if known): _____

Housing Navigator Information

Name:	Agency:
Phone:	E-mail:

Household Members: List below all the people that will be living with you

Name	Age	Gender

Are you willing to reduce or change the number of people living with you to qualify for a specific housing opportunity?

- Yes No

Questions about You and Proposed Members of Your Household

	You	Proposed Member(s) of Your Household	Please explain any “Yes” answers
Is someone in your household a part-time or full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Has someone in your household been terminated from Section 8 or a public housing program due to fraud, non-payment of rent, or any type of criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Is there someone <i>without</i> legal immigration status in the United States in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Is someone in your household required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Has someone in your household been evicted within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Has someone in your household been convicted of a felony within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

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Please indicate the places in Alameda County where you would be willing to live:

NOTE: Choosing more areas that you would be willing to live may increase your available housing options.

<input type="checkbox"/> Alameda	<input type="checkbox"/> Emeryville	<input type="checkbox"/> Newark	<input type="checkbox"/> San Leandro
<input type="checkbox"/> Albany	<input type="checkbox"/> Fremont	<input type="checkbox"/> Oakland	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Hayward	<input type="checkbox"/> Piedmont	<input type="checkbox"/> Union City
<input type="checkbox"/> Dublin	<input type="checkbox"/> Livermore	<input type="checkbox"/> Pleasanton	<input type="checkbox"/> I am willing to live in any part of Alameda County.

Is anyone from your proposed household earning income from employment? Yes No

If so, please write the cities/regions where they are employed: _____

Housing Unit Type

You will only be matched to housing unit types that you have selected below AND that you qualify for based on the number of people living with you and other criteria. If you're willing to consider a particular type of housing make sure to note this in the questions below.

Which of the following unit types *would you be willing to accept?* (Check ALL that apply)

<input type="checkbox"/> Shared housing (shared bedroom)
<input type="checkbox"/> Shared housing (shared common areas, for example: kitchen, bathroom, etc.)
<input type="checkbox"/> Single Room Occupancy (SRO) unit
<input type="checkbox"/> Studio/Efficiency
<input type="checkbox"/> None of the Above

Other Preferences and Needs

Will you only accept housing that allows for pet(s) to live with you? Yes No

Does any member of your household have a condition that *requires* a unit for (check all that apply):

Mobility impairment Hearing impairment Vision impairment

*For any impairment indicated above, client must provide written verification of impairment by a licensed health care professional.

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Guide to Home Stretch Disability Verification

Instructions: Use this information as a guide when documenting disability for a Home Stretch referral. Include appropriate disability verification to enable matching to specific housing opportunities.

According to HUD guidelines, a person shall be considered to have a disabling condition if such a person has a diagnosable:

- Substance use disorder; AND/OR
- Serious mental illness; AND/OR
- Development disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000, (42 U.S.C. 15002); AND/OR
- Post-traumatic stress disorder (PTSD); AND/OR
- Cognitive impairments resulting from brain injury; AND/OR
- Chronic physical illness or disability (e.g. HIV/AIDS)

And that condition meets all of the criteria below:

- Is expected to be of long-continued and indefinite duration; AND
- Substantially impedes the person's ability to live independently; AND
- Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

There are specific housing opportunities with set-asides or preferences for people with the following health conditions: HIV/AIDS, serious mental illness, developmental disabilities, and substance use conditions. Please have a licensed health care professional complete the **Home Stretch Disability Verification** to be considered for these specific housing opportunities.

If a licensed health care professional CANNOT complete the disability verification, then disability can also be verified by providing one of the documents listed below. However, it is strongly recommended that the **Home Stretch Disability Verification** be completed if possible.

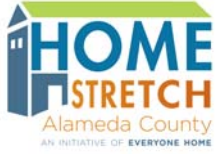
Disability can also be verified by providing one of the documents listed below:

- Written verification of disability from the Social Security Administration, OR
- Copy of a disability check (e.g., Social Security Disability Insurance check or Veteran's Disability Compensation)

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Home Stretch Disability Verification

To Be Completed By A Licensed Health Care Professional

This verification will help prioritize chronically homeless and disabled individuals for permanent supportive housing opportunities in Alameda County.

This Disability Verification Form is for:

Patient Name: _____

Patient Date of Birth: _____

Clinician Contact Information:

Organization Name (if applicable): _____

Address: _____

Phone #: _____

E-mail: _____

I am a credentialed and licensed health care professional trained to perform diagnostic and functional assessments of patients. Within my scope of practice, I have determined that the patient named above has the following diagnosable conditions (check ALL that apply):

- Substance use disorder
- Serious mental illness (as defined in the DSM and is severe in degree and persistent in duration; is NOT a substance use disorder, developmental disorder, or acquired traumatic brain injury)
- Developmental disability (as defined in Section 102 of the Development Disabilities Assistance Bill of Rights Act of 2000, {42 U.S.C. 15002})
- Post-traumatic stress disorder (PTSD)
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- HIV infection or AIDS

According to my assessment, one or more of these conditions is: 1) expected to be of long-continued and indefinite duration; AND 2) substantially impedes the individual's ability to live independently; AND 3) The condition could be improved by more suitable housing conditions.

My signature below indicates my verification of the above information for this patient.

Intern Name, if applicable (printed): _____

Signature: _____ Date: _____

Licensed Staff Name (printed): _____

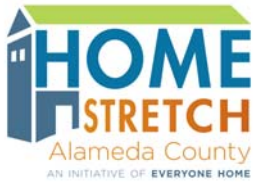
Signature: _____ Date: _____

Professional License Type: _____ License #: _____

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Home Stretch Housing History

Instructions: Use this form when documenting housing history and verifying homelessness for Home Stretch. List each episode of homelessness starting with the *current* living situation and going back 3 years (in reverse chronological order). Attach a service provider/third party homelessness verification letter (see 'Homelessness Third-Party Verification Letter') or a Homeless Management Information System (HMIS) verification of homelessness for EACH episode of homelessness.

Name of Client: _____ Date Completed: _____ Staff Name: _____

Start Date	End Date	Living Situation	Location or Program Name	City and State	Verification Available From?
	CURRENT				<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Self Certification
					<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Self Certification
					<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Self Certification
					<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Self Certification
					<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Self Certification

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Homelessness 3rd Party Verification Letter

Instructions: Please provide verification of homelessness on agency letterhead stationery. This recommended template can be copied onto letterhead or recreated with the same content and printed on letterhead. **If completed by law enforcement, this form can be used in place of agency letterhead.**

This verification will help prioritize chronically homeless and disabled individuals for permanent supportive housing opportunities in Alameda County.

I certify that _____ (Client's Name)
stayed at _____ (Location/Facility/Program Name)
for the following period of time:

between _____ and _____
Month/Day/Year Month/Day/Year

This location/facility/program is classified as **one** of the following types:

- Place not meant for human habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)
- Transitional Housing
- Hospital or other residential non-psychiatric medical facility
- Psychiatric hospital or other psychiatric facility
- Jail, prison or juvenile detention facility
- Substance use disorder treatment facility or detox center
- Other (please specify): _____

Before coming to this location, this client resided at: _____
for _____ (# of) months, between _____ and _____
Month/Day/Year Month/Day/Year

Name of Staff Member (Print): _____

Title of Staff Member: _____ Staff Phone Number: _____

Staff Member Signature: _____ Date Signed: _____

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Homelessness Self Certification Statement

Instructions: This form may be used when an individual applying to a program lacks connections with service providers to complete a third party verification of homelessness. A separate self certification form must be used for each period of homelessness for which Third Party or HMIS verification isn't available. Housing Navigators must document all attempts to obtain third party verification for each self certification made (see below).

Client Section:

I certify that I _____ (Client's Name) have been homeless (that is, sleeping in a place not meant for human habitation such as living on the streets OR living in an emergency shelter for homeless persons OR living in an institutional care facility) during the following period of time:

Between: _____ and _____
Month/Day/Year Month/Day/Year

I lived/live at

What else would you like to share about your homeless status during the period of time referenced above (optional)? For example, *"I cannot remember the name of the place where I was living during the fall of 2014 but I believe that it was an emergency shelter. I have problems with my memory from that time due to an illness."*

I certify that the above information is correct.

Signature of Client: _____ Date of Signature: _____

Housing Navigator Section:

Please document all attempts to obtain 3rd party verification for the period of homelessness documented above.

- 1) _____
- 2) _____
- 3) _____

I reviewed the above statement with the client, and certify that the attempts to obtain 3rd party verification are accurate.

Name of Staff (Print): _____

Staff Member Organization and Title: _____ Staff Phone Number: _____

Signature of Staff: _____ Date of Signature: _____