

MIAMI-DADE COUNTY HOMELESS TRUST

POLICY & PROCEDURES

POLICY NO: HT008

**SUBJECT: ORDERS OF PRIORITY FOR
REFERRALS TO PERMANENT HOUSING**

EFFECTIVE DATE: 6/3/16

REVISED DATE: 4/19/17, 6/28/2018, 7/11/2019, 08/21/2020

PURPOSE: The purpose of this policy is to define the order in which eligible households should be served by the Continuum of Care (CoC) in permanent housing. The policy outlines our local process for prioritizing persons for short-to medium-term rental assistance or Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), Other Permanent Housing and Move Up Strategy (MUS) with homeless or special needs preferences. The policy also outlines priorities for persons meeting HUD DedicatedPLUS requirements for all CoC Program-funded PSH. The policy establishes recordkeeping requirements for all recipients of CoC Program-funded programs including beds that are earmarked to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, which applies to the CoC program; in addition, the rule amends 24 CFR 578.103, which stipulates record keeping requirements.

A sub-goal of this policy is to ensure that the homeless individuals and families who have been homeless the longest, with the most severe service needs, are prioritized in Permanent Housing (PH). The Homeless Trust seeks to achieve two goals through this policy:

1. Establish Orders of Priority for PH to ensure that those persons who have been homeless the longest, with the most severe service needs, are given first priority.
2. Provide uniform recordkeeping requirements for all recipients of CoC Program-funds for documenting chronically homeless status of program participants when required to do so.

SCOPE: Miami-Dade County Homeless Continuum of Care Permanent Supportive Housing; Participating Emergency Solutions Grant (ESG) Recipients, including Miami-Dade Public Housing and Community Development, City of Hialeah and the City of Miami; Participating Supportive Housing Initiative Partnership (SHIP) Programs, including City of Hialeah and City of Miami Gardens; and Participating Housing Agencies, including Miami-Dade Public Housing and Community Development, Hialeah Housing Authority, Homestead Housing Authority and the Housing Authority of the City of Miami Beach

I. PERMANENT SUPPORTIVE HOUSING

All referrals to Permanent Supportive Housing (PSH) are subject to referral from the Homeless Trust Housing Coordinator. HMIS Universal Data Elements (UDE), the CoC Coordinated Entry and Local Questions Assessment, Homeless Prevention Assessment and vulnerability tools such as Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT); Family (F-VI-SPDAT); and Transition Aged Youth (TAY-VI-SPDAT) will be used to prioritize households for PSH. All CoC funded PSH projects must offer low barrier access to entry. Low Barrier practices are a Housing First approach to quickly and successfully connect individuals and families experiencing homelessness to

permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. The core components of Housing First include 1) *Few to no programmatic prerequisites to permanent housing entry* means no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program; 2) *Low barrier admission policies* means PSH screening does not exclude persons with no or very low income, poor rental history and past evictions, or criminal histories; 3) *Rapid and streamlined entry into housing* means Housing First PSH models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times; 4) *Supportive services are voluntary*, but supportive services can and should be used to persistently engage tenants to ensure housing stability; 5) *Tenants have full rights, responsibilities, and legal protections* meaning tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities; 6) *Practices and policies to prevent lease violations and evictions* suggests Housing First PH should incorporate practices and policies that prevent lease violations and evictions among tenants [i.e. not evicting tenants as result of alcohol or drug use, unless such use results in disturbances to neighbors or is associated with illegal activity]; 7) *Applicable in a variety of housing models* means the Housing First approach can be implemented in different types of PSH settings, including: scattered-site models, single-site models or buildings that are newly constructed or rehabilitated, and set-asides where supportive services are offered to participants in designated units within affordable housing developments.

A. DEDICATED PSH AND PRIORITIZATION OF HOUSEHOLDS

All CoC funded PSH beds made available through attrition must serve households meeting the HUD DedicatedPlus criteria unless there are no persons within the CoC that meet that criteria. Households meeting the DedicatedPlus criteria will be prioritized according to the Orders of Priority detailed in Section I.B. If no persons within the CoC meet the DedicatedPlus criteria, the Housing Coordinator will make alternative referrals based on the PSH Orders of Priority. A bed not filled by a DedicatedPSH household will continue to be a DedicatedPlus bed so that if and when the bed becomes vacant again, it must continue to adhere to PSH Orders of Priority. DedicatedPlus PSH beds will be reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC).

DedicatedPLUS Project

A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at intake are: (1) experiencing chronic homelessness as defined in 24 CFR 578.3; (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement; (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; (5) residing and has resided in a place not meant for human habitation,

a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Chronically Homeless:

(1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (substance use disorder, serious mental illness, developmental disability [as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)], post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

B. ORDER OF PRIORITY FOR COC FUNDED PSH DEDICATED TO DISABLED PERSONS EXPERIENCING HOMELESSNESS

CoC Program funded PSH is dedicated to disabled persons experiencing homelessness. All referrals are made through the Coordinated Entry system. Eligible households will be prioritized for referral to available PSH in the following order:

- i. **First Priority:** Households experiencing homelessness who meet either of the following criteria:
 - a. People with disabilities and high ongoing service and financial needs that need to bridge from RRH to PSH in order to maintain housing stability
 - b. Individuals or families containing at least one member at high risk for serious illness or death from COVID-19, defined by the CoC as:
 - A person aged 65 years or older, **and/or**
 - A person with medical vulnerabilities¹Individuals or households containing at least one member who fits this priority who meet both the criteria (65+ and medical vulnerability) will be prioritized over people who meet only one.
- ii. **Second Priority:** Households experiencing homelessness who meet any of the following criteria will be prioritized based on the total number of criteria the household meets:

¹ As evidenced by ‘Yes’ responses to health-related questions in the Wellness Sections of the VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT.

- a. Youth/young adult household: 18-24 year-old (YO) single households and families with an 18-24 YO head of household.
- b. Household is experiencing chronic homelessness **OR** has a current episode of homelessness or total length of time homeless in the past three years exceeding 365 days
- c. Individual or any member of a household has high crisis system utilization (justice system, foster care, child welfare, emergency department, etc.)
- d. Household has a VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT score for prioritization of 4 or greater
- e. Individual or household fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, or otherwise experiencing, or at risk of exploitation
- f. Experiencing unsheltered homelessness
- g. A family household that meets any of the following conditions:
 - Families for whom the lack of adequate housing is a primary factor in the delay in the discharge of the child, or children, to the family from out-of-home care;
 - Families with a household member who is currently pregnant
 - Families with one or more children with a physical or developmental disability
 - Families with an F-VI-SPDAT score of 9 or greater

iii. **Third Priority:** Other individuals and families experiencing homelessness with the longest periods of continuous or episodic homelessness and with severe service needs as evidenced by Vulnerability Index score.

The CoC will apply most of the above Orders of Priority to PSH provided through other Permanent Housing set asides and move-up opportunities. The CoC may exclude the disability and chronic homeless prioritization elements when considering referrals for other permanent housing t.

C. ORDER OF PRIORITY FOR PSH PROVIDED THROUGH SECTION 8 HOUSING CHOICE VOUCHERS COMBINED WITH COC FUNDED SUPPORTIVE SERVICES

As defined in an Amended Memorandum of Understanding between Miami-Dade Housing and Community Development and the Homeless Trust, the CoC Housing Coordinator follows the below Order of Priority for Housing Choice Vouchers combined with CoC funded supportive services provided through non-profit housing and service providers.

- i. **First Priority:** Homeless individuals and/or families with at least one household member who is a veteran who has served on active duty in the armed forces, regardless of how long they served or the type of discharge they received, experiencing chronic homelessness as defined in 24 CFR 578.3, and not eligible for permanent housing through the VASH program.
- ii. **Second Priority:** Homeless individuals and/or families with at least one household member that is experiencing chronic homelessness as defined in 24 CFR 578.3. greater for families.

- ii. **Third Priority:** Homeless individuals and families with at least one household member with a disability with the longest periods of continuous or episodic homelessness with severe service needs

The above criteria include homeless veterans receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program who do not qualify for VASH, as well as veterans ineligible for VA services. If all HCV PSH resources are exhausted, veterans will be assisted according to the Order of Priority in I.B.(i.)-(iv.).

D. HOUSING COORDINATOR CONSIDERATIONS

1. The Housing Coordinator will follow the Order of Priority in I.B.(i.)-(iv.) while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness and has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness, may accept chronic homeless referrals to the extent in which persons with serious mental illness meet the criteria. The Homeless Trust promotes PSH providers to amend their scope of services whenever possible to serve all disability types in an effort to reduce barriers to program entry.
2. The Housing Coordinator will follow the Order of Priority in I.B.(i.)-(iv.) while also considering the PSH provider's ability to pay for toiletries, utilities, and furniture when referring households with no income to PSH. Households without income will be matched to providers that have the resources to pay for utilities, basic toiletries, and furniture. Attachment 5 provides a list of CoC funded PSH providers who are able to accept referrals for households without income.
3. Homeless Outreach teams, Emergency Shelters and other providers participating in HMIS must exercise due diligence when conducting HMIS and VI-SPDAT assessments to ensure that persons are served in the Order of Priority outlined in this policy. The Homeless Trust recognizes that some persons, particularly those who are chronically homeless and living on the streets or in places not meant for human habitation, might require significant engagement and contacts prior to them entering housing. PSH projects are not required to keep units vacant where there are persons who meet a higher priority within the CoC but have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons regularly (every two weeks).

II. RAPID RE-HOUSING

All referrals to CoC, ESG and SHIP funded Rapid Re-Housing (RRH) are subject to referral from the Homeless Trust Housing Coordinator. Multiple factors, including Universal Data Elements (UDE), the CoC Coordinated Entry and Local Questions Assessment, Homeless Prevention Assessment and vulnerability tools such as the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT); Family (F-VI-SPDAT); and Transition Aged Youth (TAY-VI-SPDAT), will be used to prioritize households for RRH. As with Permanent Supportive Housing, all HUD CoC, ESG and SHIP funded projects must be Housing First.

As defined in the Memorandum of Understanding between the Miami-Dade County Homeless Trust: South Florida Workforce Investment Board (SFWIB); and The Beacon Council Economic

Development Foundation, RRH providers will refer unemployed or underemployed household members to the Miami Community Ventures Program, SFWIB or other employment supports. Following the Referral Procedures, RRH providers referred to the Miami Community Ventures Program will complete the Universal Referral Form to ensure program participants receive the initial assessment application and avail themselves of job search, matching and referral opportunities to increase their household income.

A. ORDER OF PRIORITY FOR COC, ESG AND SHIP FUNDED RRH

CoC, ESG and SHIP funded RRH is dedicated to persons experiencing homelessness. All referrals are made through the Coordinated Entry system. Eligible households will be prioritized for referral in the following order:

- i. **First Priority:** Homeless individuals or families containing at least one household member at high risk for serious illness or death from COVID-19,² defined by the CoC as:
 - A person aged 65 years or older, **and/or**
 - A person with medical vulnerabilitiesIndividuals or households containing at least one member who fits this priority who meet both the criteria (65+ and medical vulnerability) will be prioritized over people who meet only one.

- ii. **Second Priority:** Households experiencing homelessness who meet any of the following criteria will be prioritized based on the total number of criteria the household meets:
 - a. Youth/young adult household: 18-24 year-old (YO) single households and families with an 18-24 YO head of household.
 - b. Household is experiencing chronic homelessness **OR** has a current episode of homelessness or total length of time homeless in the past three years exceeding 365 days
 - c. Individual or any member of a household has high crisis system utilization (justice system, foster care, child welfare, emergency department, etc.)
 - d. Household has a VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT score for prioritization of 4 or greater
 - e. Individual or household fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, or otherwise experiencing, or at risk of, exploitation
 - f. Experiencing unsheltered homelessness
 - g. A family household that meets any of the following conditions:
 - Families for whom the lack of adequate housing is a primary factor in the delay in the discharge of the child, or children, to the family from out-of-home care;
 - Families with a household member who is currently pregnant
 - Families with one or more children with a physical or developmental disability
 - Families with an F-VI-SPDAT score of 9 or greater

- iii. **Third Priority:** Other individuals and families experiencing homelessness with the longest periods of continuous or episodic homelessness and with severe service needs as evidenced by Vulnerability Index score

² Per [CDC guidance](#), older adults and people with underlying medical conditions are more likely to become severely ill (requiring hospitalization, intensive care, and/or a ventilator to breathe) or to die from COVID-19.

The above criteria include veterans receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program who met one of the above criteria at initial intake to the VA's homeless assistance system, and cannot be served using Supportive Service for Veteran Families (SSVF) resources.

In some cases, RRH will need to be used as a bridge to PSH or other long-term subsidies. If during the re-assessment of need it is determined that short- to medium-term rental assistance is insufficient for the household to maintain housing stability, they can be referred to PSH, income-based affordable housing programs, or other long-term supports, as appropriate and available.

III. MOVE UP USING HCV

The Homeless Trust partners with local Public Housing Agencies (PHA) to implement a CoC Moving Up Strategy (MUS) utilizing Housing Choice Vouchers. The overarching goal of MUS is to identify and refer families and individuals ready to transition or “move up” from PSH into mainstream subsidized housing. These are families that were homeless prior to entry into the PSH program and who continue to need a rental subsidy but no longer require intensive supportive services.

Eligibility for a MUS referral is determined through use of the CoC-approved Move Up Application and Assessment Tool. Formerly homeless households currently assisted through the CoC PSH program are eligible for referral through the MUS.

A. ORDER OF PRIORITY FOR MOVE-UP STRATEGY (MUS)

- i. **First Priority**: Eligible tenants in CoC Program funded PSH programs reallocated or rejected through the U.S. HUD Development (HUD) CoC Notice of Funding Availability (NOFA) competition.
- ii. **Second Priority**: Eligible tenants in PSH programs with the longest length of time in the program and 36 months of housing stability.

Additional priorities and limitations for MUS referrals may be set by the Public Housing Agencies or imposed by U.S. HUD. For example, referrals may be limited to persons who currently live in or whose homelessness originated in the Entitlement Jurisdiction where the Public Housing Agency has oversight, or vouchers may have been part of a solicitation which limits the population to be served, such as vouchers only for non-elderly persons with disabilities.

IV. OTHER PERMANENT HOUSING

The Homeless Trust partners with local Public Housing Agencies, tax credit developers and low-income property managers to access affordable units of Permanent Housing for persons experiencing homelessness. These programs include PHA's with Family Unification Program vouchers; PHA's with VASH vouchers, PHA's and HUD-assisted properties that have adopted a Multifamily Homeless preference; PHA's which have set aside Housing Choice Vouchers and government sponsored public housing for homeless households, or properties that have adopted preferences to serve youth, elderly, homeless, chronic homeless and veterans. The overarching goal of these referral agreements is to identify and refer families and individuals experiencing homelessness into permanent housing.

Eligibility for Other Permanent Housing programs vary by program. Homeless households currently assisted through the CoC program are eligible for referral through the CoC's Coordinated Entry System (CES) and subject to eligibility requirements set by the receiving entity in compliance with their funders. Additional requirements may be set by the receiving entity and the Referral Agency. The Housing Coordinator will give priority to households who are receiving short-to medium-term rental assistance who need continuous rental assistance to achieve housing stability, those who are most likely to return to homelessness without being bridged into a permanent rental subsidy, have been homeless the longest period for referrals to Other Permanent Housing, with consideration of the household's vulnerability and the level of supportive services provided for each project/program. The Universal Data Elements (UDE), the CoC Coordinated Entry and Local Questions Assessment, Homeless Prevention Assessment and vulnerability tools such as the VI-SPDAT assessment will also be utilized to assess households to be referred to Other Permanent Housing programs serving special needs or disabled populations. Initial and intermittent support services, as requested, will be offered to households referred to Other Permanent Housing unless stand-alone support services are funded by the CoC to ensure access to continuous support services.

V. USING COORDINATED ASSESSMENT AND STANDARDIZED ASSESSMENT TOOL FOR DETERMINING ELIGIBILITY AND ESTABLISHING A PRIORITIZED WAITING LIST

A. COORDINATED ASSESSMENT REQUIREMENT

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The *Miami-Dade County Continuum of Care Coordinated Entry Process Policies and Procedures* describes the coordinated entry system for Miami-Dade CoC Program funded PSH and RRH provisioned within the CoC. **Providers must use HMIS and complete standard assessments in HMIS such as the Universal Data Elements (UDE), the CoC Coordinated Entry and Local Questions Assessment, Homeless Prevention Assessment and vulnerability tools. They must accept or deny referrals using the Homeless Management Information System (HMIS). Clients who are accepted by the project must have an accompanying program entry inputted by the receiving non-profit service provider. Move-in dates, which are separate from program entry date, are also recorded in HMIS by the receiving provider and should reflect the date when a client moves into PH.** Where applicable, a copy of the Housing First Permanent Supportive Housing Denial Letter must be sent to the household and the Homeless Trust Housing Coordinator when a client is not accepted to a project.

B. WRITTEN STANDARDS

The *Miami-Dade County Homeless Continuum of Care, Housing First Standards of Care* and the *Miami-Dade County Homeless Continuum of Care Rapid Re-Housing Standards of Care* establish monitoring requirements for all CoC Program-funded PSH and RRH.

C. STANDARDIZED ASSESSMENT TOOL

Miami-Dade County Homeless Trust has adopted the Universal Data Elements (UDE), the CoC Coordinated Entry and Local Questions Assessment, Homeless Prevention Assessment and vulnerability tools such as the VI-SPDAT, TAY-VI-SPDAT and F-VI-SPDAT

vulnerability screening tool to assess for housing and service needs. We these HMIS tools to prioritize referrals to PSH, RRH and Other PH. The Referrals are made to new units and units that become available through attrition. In the Coalition Lift pilot the CoC allowed the use of other sources of data (i.e. Criminal Justice Information System & hospital encounter data) demonstrating high cost, high system use.

D. NONDISCRIMINATION REQUIREMENTS

All CoC projects must comply with nondiscrimination provisions of Federal civil rights laws, including but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, and Equal Access requirements as applicable. The Fair Housing Act prohibits discrimination on the basis of race, color, religion, sex, disability, familial status or national origin. Violations of the Fair Housing Act occur when policy or practice has an unjustified discriminatory effect, even when the provider had no intent to discriminate. Where a policy or practice that restricts access to housing on the basis of criminal history has a disparate impact on individuals of a particular race, national origin, or other protected class, such policy or practice is unlawful. In accordance with Fair Housing requirements, providers:

- Retain all application records, including outcome and reason for denial;
- Do not use any type of blanket policy against renting to persons with criminal records;
- May, only as necessary to ensure the security of residents and property, use individualized and detailed assessments of criminal records considering only convictions;
- Ensure that use of such information in admission decisions actually assists in ensuring the security of residents and property; and
- Ensure that any use of a criminal record in admission decisions is absolutely necessary, and that no less discriminatory alternative is available.
- Providers are expected to follow the federal guidance set forth in Notice PIH 2015-19.

In accordance with HUD Equal Access requirements, providers:

- Are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status;
- Consider any group of people that present together for assistance and identify themselves as a family to be a family and serves them together as such (subject to evidence of birth parent or legal custody of minors presented as members of a family);
- Do not separate families because of age or gender of household members;
- Prohibit inquiries about sexual orientation or gender identity to determine eligibility;
- Provide services for transgendered individuals in a manner that corresponds to the person's identified gender; and
- Take reasonable steps to address participants' safety and privacy concerns.

VI. RECORD KEEPING REQUIREMENTS

A. DOCUMENTATION REQUIREMENTS

The Trust, as recipient of CoC grant funds, must maintain and follow written intake procedures to ensure compliance with the definitions of homeless individual with disability and chronically homeless set forth in § 578.3 and related record-keeping requirements. All sub-recipients of

CoC and ESG are required by grant agreement to comply with the policies and procedures set forth herein to ensure documentation of homelessness at intake.

The procedures for CoC Program funded PSH require at time of move-in, documentation of the evidence relied upon to establish and verify non-chronic homelessness with disability or chronically homeless status. The HUD–mandated procedures for chronically homeless documentation must follow the Order of Priority for obtaining evidence: third-party documentation first, intake worker observations second, and self-certification from the person seeking assistance third (as last resort and subject to conditions below). Such order is also adopted for non-chronic homeless households.

The following documentation must be kept for the life of CoC Program funded PSH and RRH services, or five years following the client exiting the program. The CoC encourages uploading these documents onto HMIS.

- Disability Verification (PSH only)
- Homeless Verification
- Proof of lawful presence (CoC PSH where Miami-Dade pays the rent)

Records contained in HMIS are acceptable evidence of third-party documentation and intake worker observations if HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made, and if the HMIS prevents overrides or changes of the dates on which entries are made.

In addition to the records required in 24 CFR 578.103, the Trust, as recipient, must ensure that sub-recipients maintain required documentation in the records for 5 years after the end of the grant term.

PSH programs that are accepting transfers from other PSH providers must collect the Disability and Homeless Verification, and proof of lawful presence documentation on file from the current provider prior to accepting the transfer.

1. All referrals for PSH housing, whether for a Chronically Homeless person as defined under paragraph (1) of the “Chronic homeless” definition in § 578.3 or a non-chronic homeless household, must be supported by evidence documenting their homeless status and severity of service need. A household member must meet the definition of a **“homeless individual with disability”** as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). For chronic homeless households, the head of must meet the definition of a **“homeless individual with disability”** as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). Evidence of severe service needs is that by which the recipient is able to determine the severity of needs using data-driven methods such as an administrative data match or through the standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
 - (A) Evidence of homeless status (as set forth below under in subsection 2); and
 - (B) Evidence of a disability obtained six months prior to, or 45 days after HMIS move-in to PSH.

Procedures require documentation at PSH intake of the evidence relied upon to establish and verify the disability of the person applying for PSH homeless assistance. Acceptable evidence of the disability includes:

- (1) Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently;
- (2) Written verification from the Social Security Administration;
- (3) The receipt of a disability payment (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
- (4) Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in paragraph (1), (2), (3), or (5) of this sub-section (1)(B); or
- (5) Other documentation approved by HUD.

(C) Evidence of severity of needs using data-driven methods such as an administrative data match or the VI-SPDAT.

2. All initial referrals to CoC programs must be generated by Designated Access Points outlined in the CoC's Coordinated Entry standards of care. These access points document evidence of *homelessness in HMIS*. *Evidence of homelessness* means *the household was observed living in a place not meant for human habitation, OR youth AND persons fleeing violence who have an unsafe primary nighttime residence, or and no safe alternative to that residence. Evidence of Chronic Homelessness may also include stays in a Safe Haven, or an Emergency Shelter.*

The order of priority for evidence as required for "Chronic homeless" as defined in paragraph (1)(i) of § 578.3 shall also apply to non-Chronic homeless households. Such evidence, in order for priority, is:

- (A) An HMIS record or record from a comparable database deemed acceptable to the Homeless Trust in writing;
- (B) A written observation by an outreach worker of the conditions where the individual was living (third party verification);
- (C) A written referral by another housing or service provider (third party verification); or
- (D) Where evidence in paragraphs (A) through (C) of this section cannot be obtained, a written record of the referral agency's intake worker's due diligence to obtain third party documentation, the intake worker's documentation of the living situation AND a certification by the individual seeking assistance. Self-certification with accompanying referral agency's due diligence is a last resort and cannot exceed 25% of the documentation requirements, meaning one (1) of four (4) episodes of homeless or three (3) months of twelve consecutive months of homelessness.

3. For paragraph (1)(ii) of the "*Chronic homeless*" definition in § 578.3, evidence must include the evidence as described in paragraphs (2)(A) through (D) of this section, subject to the following conditions:

- (A) Third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g., an encounter on May 5, 2015, counts for May 1—May 31, 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g., evidence in HMIS of a stay in transitional housing);
 - (B) Each break in homelessness of at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter between separate occasions must be documented with the evidence described in paragraphs (2)(A) through (D) of this section;
 - (C) Evidence of stays in institutional care facilities fewer than 90 days included in the total of at least 12 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter must include the evidence in paragraphs (4)(A) through (B) of this section and evidence described in paragraphs (2)(A) through (D) of this Section that the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately prior to entering the institutional care facility; and
 - (D) When documenting homelessness, no more than 25 percent of the documentation can come from self-certification. To document 12 months of continuous homelessness, only 3 months can be documented via self-certification. At least 9 months of documentation must come from documentation sources set forth above in the order of priority as set forth above. To document at least four distinct occasions of homelessness, at least three of the occasions must be documented in the same manner.
4. The following evidence is required to document *stays in an institutional care facility for fewer than 90 days*, for the purpose of meeting paragraph (2) of the “Chronically homeless” definition in § 578.3.
- (A) Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility stating the beginning and end dates of the time residing in the institutional care facility. All oral statements must be recorded by the intake worker; or
 - (B) Where the evidence in paragraph (4)(A) of this section is not obtainable, a written record of the intake worker’s due diligence in attempting to obtain the evidence described in paragraph (4)(A) and a certification by the individual seeking assistance that states that he or she is exiting or has just exited an institutional care facility where he or she resided for fewer than 90 days; and
 - (C) Evidence as set forth in paragraphs (1) through (3) of this section that the individual met the criteria in paragraph (1) of the definition for “Chronic homeless” in § 578.3, immediately prior to entry into the institutional care facility.

5. If a family qualifies as chronically homeless under paragraph (3) of the “Chronic homeless” definition in § 578.3, evidence must include the evidence as set forth in paragraphs (1) through (4) of this section that the adult head of household (or if there is no adult in the family, a minor head of household) met all of the criteria in paragraph (1) or (2) of the definition.
6. As provided by the Consolidated Appropriations Act, 2019, youth aged 24 and under must not be required to provide third-party documentation that they meet the homeless definition in 24 CFR 578.3 as a condition for receiving services. Additionally, any youth-serving provider funded by the CoC or serving as a youth access point may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence. HUD interprets “living in unsafe situations” as having an unsafe primary nighttime residence and no safe alternative to that residence. These youth-related requirements supersede any conflicting requirements under this policy.
7. Recipients must follow the CoC’s written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC’s adoption of written standards for prioritizing assistance, recipients must accept HMIS referrals generated by the Housing Coordinator based on the Orders of Priority.
8. When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should collect a *Referral for Non-Chronic Homeless Household* from the CoC’s Housing Coordinator documenting how she/he determined that there were no chronically homeless households identified for assistance within the CoC’s geographic area at the point in which a vacancy became available. This documentation should include a de-identified copy of the by name list.

If a non-chronic household enters a dedicated PSH unit, the unit remains dedicated to serve chronic households in the Housing Inventory Chart (HIC).

B. HOMELESS TRUST DOCUMENTATION PROCEDURES

1. Documentation Requirements at time of all HMIS Entries by all HMIS-Participating Providers.
 - a. All HMIS-participating providers (i.e. outreach, emergency, transitional, PSH or other provider) may only enter HMIS data regarding a current or most recent housing situation when written documentation of such situation as required above is on file.
2. Documentation Requirements for PSH Referral and Placement.
 - a. Utilizing the HMIS, the Housing Coordinator must verify the household is chronically homeless or non-chronically homeless for referral for placement into CH PSH or non-CH PSH, as the case may be. The verification must be in writing, utilizing a standard form established by the Homeless Trust administratively. Documentation of disability must be included in the referral package generated by the referring provider unless such

documentation is not available but can be secured by the PSH provider within 45 days of intake.

b. For purposes of meeting the definition of Chronically Homeless:

i. 12 Months Continuous Homelessness

An individual will demonstrate chronic homelessness if there are 12 months of continuous homelessness and no evidence of break in the HMIS record (i.e., stay in transitional housing or otherwise). Evidence of one night of residing in a place not meant for human habitation, emergency shelter or Safe Haven is sufficient to document the whole month of homelessness assuming there is no HMIS evidence of a break in homelessness (see IV.A.3(B) above).

If there are not 12 continuous months in HMIS and the client does not meet the cumulative homelessness criteria, the referring agency must provide the Housing Coordinator with third party evidence of the individual's residence during break(s) in the order of priority for documentation as provided in IV.A.2(A)-(D) above to allow the Housing Coordinator to issue a written verification of chronic homeless status. (*For example, there are 9 months documented in HMIS over the last year but the referring agency can obtain discharge paperwork or a written certification from mental health professional for at least three months of a stay in an institution lasting less than 90 days*).

ii. 12 Months Cumulative Homelessness

An individual may also qualify as chronically homeless if the HMIS record shows there has been 12 months of cumulative homelessness over the last 3 years. Again, one night of residence in a place not meant for human habitation, emergency shelter or Safe Haven is sufficient to document the whole month of homelessness (example: there is evidence of at least one outreach contact or one night in shelter or Safe haven for 12 months over the last three years).

If there are not 12 months in HMIS but client has reported that they have been homeless for the last 12 months in the last three years, the referring agency must provide the Housing Coordinator with third party evidence of the individual's residence in a place not meant for human habitation, emergency shelter or Safe Haven or an institutional stay of 90 days or less during break(s) in the order of priority for documentation as provided in IV.A.2(A)-(D) above to allow the Housing Coordinator to issue a written verification of chronic homeless status.

iii. At Least Nine Months of Homelessness Cannot Be Documented.

If at least 9 months of homelessness (cumulative or continuous) cannot be obtained by third-party documentation, up to the full 12 months can be documented via self-certification only:

- The referring agency must thoroughly document attempts to obtain third-party documentation and why third-party documentation was not obtained.
- A written certification must be obtained from individual or head of household of the living situation of the undocumented time period.

- This self-certification with the referral agencies recorded due diligence is limited to rare and extreme cases and no more than 25 percent of households served by the project in an operating year.
 - The above written documentation must be provided to the Housing Coordinator in order to allow the Housing Coordinator to issue a written verification of chronically homeless status.
- c. In order to process requests for placement following referral, the PSH provider must receive documentation of disability and all other documentation set forth in the *Miami-Dade County Homeless Trust PSH Required Documentation List*, a comprehensive checklist of record keeping requirements adopted by the Homeless Trust in consultation with the Miami HUD Field Office.

TOOLS:

Active Client List (formerly referred as By-Name List)
 Permanent Support Housing Denial Letter
 Housing Inventory Count
 Miami-Dade County Homeless Continuum of Care, Housing First Standards of Care
 Miami-Dade County Homeless Continuum of Care, Rapid Re-Housing Standards of Care
 Miami-Dade County Homeless Trust Coordinated Entry Process Policies and Procedures
 Miami-Dade County Homeless Trust Disability Verification Form
 Miami-Dade County Homeless Trust PSH Required Documentation List
 Vulnerability Index Tools: TAY-VI-SPDAT, F-VI-SPDAT, VI-SPDAT