



CITY OF AUSTIN
EMERGENCY SOLUTIONS GRANT (ESG)
HOMELESS ELIGIBILITY FORM

HMIS # _____

ESG HOMELESS ELIGIBILITY CATEGORY: *(check only one)**NOTE: Form is not complete unless the client and staff have signed the second side of document.*
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Category 1- Homeless

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
 - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs for low income individuals); or
 - An individual who is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

DOCUMENTATION REQUIRED IN HUD'S PREFERRED ORDER:

- ____ Third Party/Written:
- If unsheltered: Written referral by of street outreach, law enforcement, EMS, or other shelter record, or homeless certification; or
 - If sheltered/exiting an institution: HMIS shelter stay record, or homeless certification, or referral from shelter services or other housing provider; or
- ____ Written observation by the intake staff worker; or
- ____ Self-Certification by the individual or head of household seeking assistance stating that s(he) was living on the streets or in shelter;
- ____ For individuals exiting an institution- one of the forms of evidence above and:
- Discharge paperwork or written/oral referral, or
 - Written record of intake worker's due diligence to obtain evidence and certification by individual that they exited institution.

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Category 2- At Imminent Risk of Losing Housing

- (2) An individual or family who will imminently lose their primary nighttime residence, provided that:
- The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; and
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing.

DOCUMENTATION REQUIRED:

- ____ A court order resulting from an eviction action notifying the individual or family that they must leave; or
- ____ For individuals and families leaving a hotel or motel- evidence that they lack the financial resources to stay; or
- ____ A documented and verified oral statement; and
- Certification that no subsequent residence has been identified; and
 - Self-certification or other written documentation that the individual lacks the resources and support necessary to obtain permanent housing.

N/A Category 3- Homeless Under Other Federal Statutes – Ineligible Category
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Category 4- Fleeing/Attempting to Flee Domestic Violence

- (4) Category 4 should only be used when the individual/household does NOT meet any other category but is homeless solely because they are fleeing domestic violence. Category 4 includes any individual or family who:
- Is fleeing, or is attempting to flee domestic violence, 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
 - Has no other residence; and
 - Lacks the resources or support networks, e.g. family, friends, faith-based or other social networks, to obtain other permanent housing.

DOCUMENTATION REQUIRED:*For non-victim service providers:*

- ____ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- ____ Certification by the individual or head of household that no subsequent residence has been identified; and
- ____ Self-certification or other written documentation that the individual lacks the resources and support necessary to obtain permanent housing.

Does this client also meet the following definition of a Chronically Homeless Person?

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless person as:

- (1) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), 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]; **or**

- (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.

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YES

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NO

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DON'T KNOW

If **YES**, then provide the client information requested below:

HOUSING HISTORY FOR CHRONICALLY HOMELESS PERSONS

Most Recent Year

Month/Year	Description of Homelessness

Second Year

Month/Year	Description of Homelessness

Third Year

Month/Year	Description of Homelessness

The above statement of my chronic homeless status is true and complete.

Client Name (Printed)

Client Signature

Date

FOR INTAKE STAFF ONLY:

Verification Methods: Describe methods to obtain third party documentation (shelter records; outreach programs; medical services; law enforcement; etc.). Describe the outcome of the efforts to obtain documents: _____

The above statements regarding this client's ESG homeless eligibility is true and complete to the best of my knowledge. I have attempted to obtain third party documentation to the best of my ability.

Intake Staff Name (Printed)

Intake Staff Signature

Date