

- 1) Third-party CH verifications such as letters should only be needed for time not identified in HMIS client profile, once HMIS client program enrollment is visible across programs (filling in the gaps of HMIS verified program stays). Need to expand HMIS coverage/ communication with non-HMIS shelter databases.
- 2) Disability verifications are not an issue in holding up CH verification, and a disability verification can be documented in HMIS as a file upload. Does not typically change from the direction of Disability to No Disability, but may change from No Disability to Disability.
- 3) For shelters without HMIS programs, identify one Shelter Point of Contact who can verify CH or LOTH for client at each shelter within 72h timeframe. Street outreach workers and housing navigators have access to roster of Shelter Point of Contacts, with roster updated every 6 months. Provide Shelter Points of Contact with CH Verification Template:
  - a. Agency letterhead
  - b. Dates of stay with total days stayed
  - c. Identification as emergency shelter or transitional shelter
  - d. Identification as person being literally homeless during the stay
- 4) Third party verification letters from community providers, if including specific information related to CH, do not need further investigation, if authorized by community partners to the best of their ability and knowledge.
- 5) Up to 25% of CH verifications in a program can be self-certified by the client at the discretion of the agency, who can make the determination internally of the target within the <25% requirement. Programs can track this internally and have not had findings from HUD audit.
- 6) MDHI will create useful documents for agency staff or third-parties not familiar with HUD CH verification to better understand CH requirements.

Common Elements of Metro Denver CH Verification Letters

**AGENCY LETTERHEAD**

- A) I am writing this letter to document that **NAME (DOB)** meets the definition of HUD literal and chronic homelessness.
- B) **NAME** has been homeless since **DATE** residing in places not meant for human habitation such as **LOCATION**.
- C) **NAME** reports or **THIRD PARTY** witnessed
  - \_\_\_ 12 or more months of continuous literal homelessness
  - \_\_\_ 4 episodes of homelessness over the past three years equaling 12 or more months of homelessness (*expanding upon episodic details*) and are currently literally homeless
- D) To the best of my knowledge and ability, all the information and documentation used in making this eligibility determination is true and complete.

**SIGNATURE**  
**NAME**  
**TITLE**  
**CONTACT**

Common Elements of Metro Denver Shelter Letters

**AGENCY LETTERHEAD**

**TODAY'S DATE**

**NAME (DOB)** has been accessing services at **SHELTER**, which is a homeless emergency shelter located in **CITY**, since **DATE1** according to agency records. **NAME** has had **##** of stays since that time and entered as literally homeless and exited into literal homelessness. Based on these records, **NAME** meets the definition of HUD literal and chronic homelessness. **NAME's** chronic homelessness is verified due to records indicating:

- \_\_\_ 12 or more months of continuous literal homelessness
- \_\_\_ 4 episodes of homelessness over the past three years equaling 12 or more months of homelessness (*expanding upon episodic details*) and are currently literally homeless

To the best of my knowledge and ability, all the information and documentation used in making this eligibility determination is true and complete.

**SIGNATURE**  
**NAME**  
**TITLE**  
**CONTACT**