



# **COORDINATED ENTRY SYSTEM FOR SURVIVORS**

## **Documentation Standards**

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## Common Definitions

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- Review HUD definition of what constitutes an episode and a break in homelessness.

## Documentation

- Know which documents are required and/or recommended for CES participation.
- Learn how to complete SCES Referral Form to capture accurate data.
- Know how to correctly complete Third-Party Homeless Verification including when to attach agency letters and Disabling Condition Verification.

## Miscellaneous

- Understand ICES Community Queue (CQ) prioritization.
- How to access and review the weekly prioritized list emails.
- How to attend the CES Match Meetings and which SPA meetings to attend.
- How to attend SCES Facilitated Meetings

## Defining Literal Homelessness

HUD defines an individual to be “literally homeless” when said individual or family lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; **OR**
2. Is living in a 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); **OR**
3. 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.

## Defining Chronic Homelessness

An individual is considered to be experiencing Chronic Homelessness if they meet *either* of the following definitions:

1

Accrued 12 months of continuous literal homelessness (with no breaks) **AND** have a documented disabling condition.

2

Accrued 4 episodes\* of literal homelessness over the past three years, totaling 12 months cumulatively **AND** have a documented disabling condition.

## What is considered a break in homelessness?

A **break in homelessness** consists of seven nights or more in a place that HUD does not consider a literal homeless destination, which includes but not limited to:

- Couch surfing (sleeping on a couch for seven nights or more)
- Renting a Room
- Motel stays (paid for by the participant)
- Sober Living (paid for by the participant)
- 90 days or more in an institutional setting

## What is considered an episode?

HUD describes an **episode** of literal homelessness as “a separate, distinct, and sustained stay on the streets and/or in a homeless emergency shelter.” One night or more is considered a distinct stay.

## Defining Disability

Disability or “disabling condition” is defined as one or more of the following:

1 Physical, mental or emotional impairment that:

- Is expected to be long-continuing or of indefinite duration; **AND**
- Substantially impedes the person’s ability to live independently; **AND**
- Could be improved by more suitable housing.

2 Developmental Disability: Means a severe, chronic disability that:

- Is attributable to a mental or physical impairment or combination; **AND**
- Is manifested before age 22; **AND**
- Is likely to continue indefinitely; **AND**
- Results in substantial limitations in three or more major life activities, **AND**
- Reflects need for:
  - A combination and sequence of special, interdisciplinary or generic services; **OR**
  - Individualized supports; **OR**
  - Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

## Length of Homelessness (LOH)

LOH is determined by the date entered in the "Approximate Date this Episode of Homelessness Started" field in the SCES Assessment Tool. The full LOH is required to be supported by homelessness verification such as Third Party Verification.

Please note that LOH verification is only completed for episodes that occurred within the last three years at the time the documentation is reviewed. Any LOH reported outside of this three-year period will be treated as self-reported and will not be verified.

### EXAMPLE

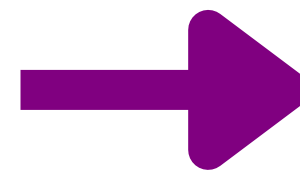
- A participant is reporting a LOH since 12/2024, they must have verification uploaded for 12/2024-Present.
- A participant is reporting a LOH since 12/2016, they must have the past three years -Present continuously verified.

## SCES Survivor Assessment Tool

### Collecting Accurate Data for LOH

When answering “Approximate Date Homelessness Started”, please provide information about the **current episode** of homelessness with no breaks in homelessness.

Note: If the start date of homelessness is longer than three years ago, then the number of times is “One time”.



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### Approximate Date Homelessness Started \*

(Approximate date the client's **current** episode of homelessness began)

30

### Number of times the client has been on the streets, in ES, or Safe Haven in the past three years, including today \*

(Regardless of where they stayed last night)

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected



## SCES Survivor Assessment Tool

### Collecting Accurate Data for LOH

#### EXAMPLE

A participant shares that they have been on the streets unhoused since 01/2017, however they stayed on a friend's couch for about a month in 06/2020.

How would the data be correctly recorded in the SCES Assessment tool?

29

#### Approximate Date Homelessness Started \*

(Approximate date the client's **current** episode of homelessness began)

30

#### Number of times the client has been on the streets, in ES, or Safe Haven in the past three years, including today \*

(Regardless of where they stayed last night)

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

## SCES Survivor Assessment Tool

### Collecting Accurate Data for LOH

#### EXAMPLE

LOH start date would be approx. **07/2020**.


Because they slept in a non-homeless situation for 7+ nights, this is a considered a break in homelessness. The current episode of homelessness would start after.

Number of times is “**One time**”.

This is because the LOH start date (which should be the date of the current episode of homelessness started) is earlier than 3 years ago.


29

**Approximate Date Homelessness Started \***  
(Approximate date the client's **current** episode of homelessness began)

**07/01/2020** 

30

**Number of times the client has been on the streets, in ES, or Safe Haven in the past three years, including today \***  
(Regardless of where they stayed last night)

☒ One time 

☐ Two times

☐ Three times

☐ Four or more times

☐ Client doesn't know

☐ Client refused

☐ Data not collected

# CES Documentation

Required to verify Length of Homelessness



Required if participant:  
• Meets HUD definition for Chronic Homelessness



Typically required by Housing Provider at Screening



## REQUIRED COORDINATED ENTRY SYSTEM DOCUMENTS

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- ☐ Verification of Homelessness

## CONDITIONALLY REQUIRED COORDINATED ENTRY SYSTEM DOCUMENTS

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- ☐ Verification of Disability
- ☐ Verification of Chronic Homelessness

## RECOMMENDED DOCUMENTS

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- ☐ Government Issued Photo ID
- ☐ Social Security Card
- ☐ Proof of Legal Residence: Birth Certificate, Alien Number, or Certificate of Naturalization
- ☐ Marriage or Divorce Documents
- ☐ Proof of Child Custody
- ☐ Proof of Income and Assets



## What is considered “document ready”?

A participant is considered “**document ready**” when all supporting documentation to verify their homelessness status has been collected.

After a participant becomes document ready, they are eligible to be matched to any eligible opportunity should they arise.

## Supporting Documentation to Verify LOH



**Agency Third Party  
Verification**



**Verification from  
non-CES Access  
Points**



**Self-Certification**



**“and included the following services...”**

**“This household reports the following living situation...”**

- List each self-reported living situation (street, motel, couch, shelter etc.) since their homelessness began.
- \*Please note that information recorded here is considered as self-reported data.

## Also Accepted:

- Written Letter of Third Party Verification
- HMIS Clarity Program History or comparable database record

version 5/1/2024





## Verification Letter from non-CES Access Points

Verification must include:

- **When** (in months) they encountered the participant.
- **Where** the encounter(s) took place.
- **What** services were provided.
- **How** they have knowledge the participant was homeless at the time.

All homelessness verifications from non-CES sources require a **letter of attestation** completed by the Access Point to support it.

### Sample Non-CES Access Point Verification Letter

My name is \_\_\_\_\_. I have known (participant name) since (**Month/Year**). During the entire time I've known them, (participant) has been **living on the street**. I provided (participant name) with (**list services**) at least one time, during the months below:

- August 2021 – (locations)
- September 2021 – (locations)
- October 2021- (locations)
- November 2021 – (locations)

**OR** the verifier can make the following statement:

My name is \_\_\_\_\_. I have known (participant name) since (**Month/Year**) and I have provided (participant name) at least one time, each month from that date up to this month. I met them at (**list locations**) and provided (**list services**). They appeared to be homeless on the street for the entire time I've known them.




## Letter of Attestation

If providing homelessness verification from non-CES Access Points, letter of attestation is required to support.

The Access Point must include a written letter on an agency letterhead describing why in their professional judgment they believe the letters from intake workers or community members are credible in verifying the LOH reported.

[Template is provided on the ICES website for use.](#)

<u>Today's Date</u>	
To whom it may concern,	
<p>My name is <u>(case manager's name)</u> and I am currently working with <u>(client's name)</u> as their <u>(case manager's title)</u> with <u>(organization/program name)</u>. The HMIS enrollment data confirms that the client was homeless from <u>(date to date)</u> and from <u>(date to date)</u>. A third-party homeless verification from <u>(community member)</u> stated that client has been receiving <u>(services provided by community member)</u> since <u>(date services began)</u>.</p> <p>After reviewing the client's enrollments on HMIS, gathering third-party verification from various providers, speaking with the client regarding their history of homelessness, and speaking with previous and current service providers/community members, it is in my professional opinion that this client does meet the definition of literal homelessness since <u>(reported start date of this episode of homelessness)</u>.</p>	
Thank you,	
Case Worker Name	
Title	
Organization	
Email address	
Phone number	







## Self-Certification

### “I have been homeless since...”

Self-certification for homelessness verification applies between the date provided until the date the document is signed.

Best practice is self-certification is only to be used if other forms of homelessness verification cannot be obtained.

Note: Self-certification or any other self-reported data can only be used for up to 3 months of homelessness verification.



Self-Certification of Homelessness

I, \_\_\_\_\_, certify that the information below  
Your Name  
and any other information I have provided is true, accurate and complete.  
I have been homeless since \_\_\_\_\_  
Date

☐ I am currently homeless and living on the street or place not meant for human habitation (i.e. a car, park, abandoned building, bus station, airport, or campground).

☐ I am currently staying in an emergency shelter.


☐ I am currently staying in a motel paid for by a charitable organization, government program, or church.

I have been in the above living situation for \_\_\_\_\_ months.  
# of Months

Additional information I would like to share about my housing status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Sincerely,

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





# Disabling Condition Verification

## Accepted:

- Written verification from a state licensed qualified source that includes: (1) *Their license number and contact information*, (2) *Defines the disability as severe and persistent*, and (3) *Affects the individual's ability to live independently unless suitable housing conditions are secured*.
- SSI Award Letter that explicitly states the individual is disabled
- SSDI Award Letter
- City Disabling Condition forms

**VERIFICATION OF DISABILITY FOR ORANGE COUNTY, CA AREA**

☐ SERVICE PROVIDER  
ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT \_\_\_\_\_

**HOUSING AUTHORITY USE ONLY:**  
PHA DESIGNATED HEAD OF HOUSEHOLD: \_\_\_\_\_  
TENANT ID \_\_\_\_\_  
☐AHA ☐GGHA ☐OCHA ☐SAHA

The patient below is applying for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD regulation require verification of information related to program eligibility. To comply with this requirement, we ask for your cooperation in completing and returning this verification form within 10 business days by fax, mail, or e-mail to the entity indicated above. Questions about the form may be directed to the person named as the contact above. Thank you for your assistance in this matter.

Patient Name: \_\_\_\_\_ SS (last 4)#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Patient Signature: \_\_\_\_\_

**TO BE COMPLETED BY KNOWLEDGEABLE PROFESSIONAL**

**DISABILITY: (PLEASE CHECK ONE)**  
Regulation: 24 CFR 5-403 defines HUD's criteria for persons who are considered disabled under Section 223 [42 U.S.C. 423]:

☐ "Inability to engage in any substantial gainful activity by reason of any mental impairment which can be expected to result in death or which has lasted for a continuous period of not less than 12 months; or in the case of an individual who is blind (within the meaning of "blindness" as defined in section 2 of such blindness to engage in substantial gainful activity requiring skills of at least a minimum level of proficiency in which he has previously engaged with some regularity and time." Or has a developmental disability as defined in [42 U.S.C. 6001].

☐ **Developmental Disability:** is defined as a disability that is attributable to a mental impairment, Intellectual disability, Cerebral palsy, Epilepsy, Autism, or disabling cognitive disability or to require treatment similar to that required for such disabilities. The disability must have originated before the age of eighteen months, and constitute as a "substantial disability" for the individual as defined in [California Code of Regulations](#). Additional details regarding how a substantial disability is defined in [ARCA's Clinical Recommendations for Defining Substantial Disability](#).

**(PLEASE CHECK ONE)**  
I hereby certify that according to this definition, the individual names above is/are disabled.

**Warning:** It is unlawful to "knowingly and willfully" make any "materially false, fictitious, or misleading" representation to a federal agency. Violations can be punished under Section 2 of the Federal False Statement Act, 18 U.S.C. § 1001.

I declare, under penalty of perjury under the laws of the United States of America, that the information above is true, correct, and complete.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature of Knowledgeable Professional \_\_\_\_\_ Phone \_\_\_\_\_  
Organization Name \_\_\_\_\_ Address \_\_\_\_\_

Internal Use Only: ☐ Annual: \_\_\_\_\_ ☐ Interim ☐ Initial

**Disabling Condition Verification Form**

Patient Name	Date of Birth
I verify, as the undersigned, that the individual named above has been diagnosed, or I have diagnosed with one of the following conditions:	
<input type="checkbox"/> Substance use disorder	
<input type="checkbox"/> Serious Mental Illness	
<input type="checkbox"/> Developmental Disability (As defined by 42 U.S.C. 15002)	
<input type="checkbox"/> Post-Traumatic Stress Disorder	
<input type="checkbox"/> Cognitive impairments resulting from brain injury	
<input type="checkbox"/> Chronic physical illness or disability	
That the above condition is expected to be of long-continued or indefinite duration: <input type="checkbox"/> Yes <input type="checkbox"/> No	
That the above condition impedes the individual's ability to live independently: <input type="checkbox"/> Yes <input type="checkbox"/> No	
That the individual's ability to live independently will be improved by a more suitable housing condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Verification must be provided by a state licensed qualified source that may include medical service providers, Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), physicians or treating health care provider as stated in the Social Security Act – 42 U.S.C. Section 423.	
Name	License #
Title	Organization/ Firm
Address	Phone #
Signature	Date



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# Disabling Condition Verification

## County Disabling Condition Verification Form

An acceptable Disabling Condition Verification must:

- Tick at least one condition box.
- All conditional Y/N statements ticked 'YES.'
- Signed by a state licensed clinical provider.

NOTE: This document is time-bound:  
Housing programs may want verifications dated within the past year.

**Disabling Condition Verification Form**

<b>Patient Name</b>	<b>Date of Birth</b>
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I verify, as the undersigned, that the individual named above has been diagnosed, or I have diagnosed with one of the following conditions:

<input type="checkbox"/> Substance use disorder
<input checked="" type="checkbox"/> Serious Mental Illness
<input type="checkbox"/> Developmental Disability (As defined by 42 U.S.C. 15002)
<input checked="" type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Cognitive impairments resulting from brain injury
<input type="checkbox"/> Chronic physical illness or disability



That the above condition is expected to be of long-continued or indefinite duration: ☒ Yes ☐ No

That the above condition impedes the individuals' ability to live independently: ☒ Yes ☐ No

That the individual's ability to live independently will be improved by a more suitable housing condition: ☒ Yes ☐ No

Verification must be provided by a state licensed qualified source that may include medical service providers, Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), physicians or treating health care provider as stated in the Social Security Act – 42 U.S.C. Section 423.

<b>Name</b>		<b>License #</b>	
<b>Title</b>		<b>Organization/ Firm</b>	
<b>Address</b>		<b>Phone #</b>	
<b>Signature</b>		<b>Date</b>	



INDIVIDUAL  
ENTRY SYSTEM

## SCES Survivor Assessment Tool

### Collecting Accurate Data for City Ties

To ensure participants are correctly prioritized for eligible housing opportunities, please mark the appropriate answers the Prior City Permanently Housed” and City Prior to Entry for cities in Orange County when applicable.

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**PRIOR CITY \***

The last city in which the client was permanently housed prior to entry into this project:

- ☐ Aliso Viejo
- ☐ Anaheim
- ☐ Brea
- ☐ Buena Park

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**What city were you in immediately prior to entry into this project? \***

The city in which the client spent the night prior to entry into this project

- ☐ Aliso Viejo
- ☐ Anaheim
- ☐ Brea



## City Ties

If Survivor is eligible for projects requiring city ties, it is best practice to review the residency requirements for the respective housing authority to ensure the participant will be able to verify those city ties.

**ANAHEIM HOUSING AUTHORITY**  
**RESIDENCY (LIVE/WORK) PREFERENCE CERTIFICATION**

Instructions: People experiencing homelessness may use this form to claim the Anaheim Housing Authority admission preference. Please complete this certification and provide the acceptable forms of verification listed below. **Please note that all verifications submitted must be current and clearly show a current connection to Anaheim. Additionally, if verifications show Anaheim connection is less than 30 days, it may not be considered.**

I certify that I/we qualify for the Anaheim residency preference based on the following criteria (choose all applicable).

☐ **WORK IN ANAHEIM REQUIREMENT:** An adult in the household works a minimum of 40 hours per month in Anaheim. Please attach one of the documents listed below and provide the work site address:

- Dated letter on company letterhead verifying address per week, job title, and salary. Letter must also include and/or person verifying the information; or
- Last 3 months of paycheck stubs (must be in consecutive order)

☐ **LAST PERMANENT HOUSING WAS IN ANAHEIM AND IS STILL IN ANAHEIM:** I was last housed in Anaheim just prior to becoming homeless and my current housing situation does not meet the urgent safety and basic needs that could not be met in Anaheim. Please note that verification must clearly show placement outside of Anaheim:

**CATEGORY 1:**

- Documentation of last permanent address just prior to becoming homeless (lease agreement, eviction documents); AND


**CATEGORY 2:**

- Documentation of when homeless services began, including:
  - Homeless verification letter on agency letterhead with provider name, shelter address, and dates of service
  - Shelter intake documentation demonstrating homelessness
  - Homeless Management Information System program names and program enrollment dates

☐ **SHELTERED IN ANAHEIM:** An adult in the household experiencing homelessness (includes emergency shelter, recuperative care, transitional housing) AND was previously permanently housed in Anaheim prior to being referred to the shelter. Below:

- Shelter intake documentation demonstrating referral
- Homeless Management Information System program names and program enrollment dates.

☐ **SHELTERED OUTSIDE OF ANAHEIM BUT WAS HOMELESS IN ANAHEIM:** I was homeless in Anaheim then placed in shelter outside of Anaheim.

  
**SANTA ANA HOUSING AUTHORITY**  
20 CIVIC CENTER PLAZA • PO BOX 22030  
SANTA ANA, CA 92702-9957

**CERTIFICATION OF HOMELESS RESIDENCY IN THE CITY OF SANTA ANA**

I, \_\_\_\_\_, am currently homeless in the City of Santa Ana. To verify that I am currently homeless in the City of Santa Ana, I certify to the following criteria by marking each checkbox and providing the required documentation (Both Criteria Must be Met):

**CRITERIA ONE:**

☐ I am currently sleeping in the City of Santa Ana

**CRITERIA TWO:**

☐ I have had a permanent address in the City of Santa Ana for an extended period of time. I am attaching at least one of the following documents to verify the permanent address:

- Driver's License
- Bank Statements
- Utility Bill
- Car Registration
- Rental Agreement
- Or other similar documentation

**(\*Residential addresses only.** Addresses such as sober living facilities, transitional housing, Mental Health Association, Micah's Way, The Courtyard, and/or PO Boxes are not accepted.)

☐ I have strong ties to the City of Santa Ana. I am attaching at least one of the following documents to verify that I have strong ties to the City of Santa Ana:

- Children enrolled in a Santa Ana school (Proof of Enrollment)
- Employed in Santa Ana (Proof with Paystubs)
- Graduated from a Santa Ana High School (Proof of Graduation)
- Attending an education program meant to lead to self-sufficiency in Santa Ana such as a Certificate/Degree/Diploma Program (Proof of Enrollment)

☐ **Knowledge – either first-hand or recorded – by the Santa Ana Police Department (SAPD) that I am currently homeless in the City of Santa Ana. This certification by a SAPD Officer below meets both criteria listed above and no further documentation is necessary. You may contact [ResidencyVerification@santa-ana.org](mailto:ResidencyVerification@santa-ana.org) for confirmation.**

SAPD OFFICER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BADGE #: \_\_\_\_\_

Knowing there is a penalty for making a false statement under the United States Criminal Code, I hereby certify that the above is a true and full statement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEAD OF HOUSEHOLD: \_\_\_\_\_

LAST FOUR DIGITS OF SSN: XXX-XX-\_\_\_\_ OR DATE OF BIRTH: \_\_\_\_\_

Certification of Homeless Residency 07/2020

## Prioritization



### **CES for Survivors (SCES)**

SCES prioritizes individuals with the highest Tenant Self-Assessment scores on the Survivor Assessment Tool who are both eligible and interested in DV-specific housing.



### **Individual/Families CES**

ICES & FCES prioritizes individuals in the Community Queue (CQ) in the order of their LOH, homelessness status, and program eligibility.

For more information, please review our ICES Prioritization Training and CES Prioritization Quick Sheet.

## ICES Match Meetings

Meeting information is included in the Match Meeting emails sent out every Monday before end of day.

All Individual CES Match Meetings are held virtually via Webex – please create an account and ensure your organization is in your name.

The OC CES password required to participate and view match materials.

### Central SPA ICES Match Meeting

- Tuesdays from 10:30AM-11:30AM

### North SPA ICES Match Meeting

- Wednesdays from 1PM-2PM

### South SPA ICES Match Meeting

- Thursdays from 10AM-11AM

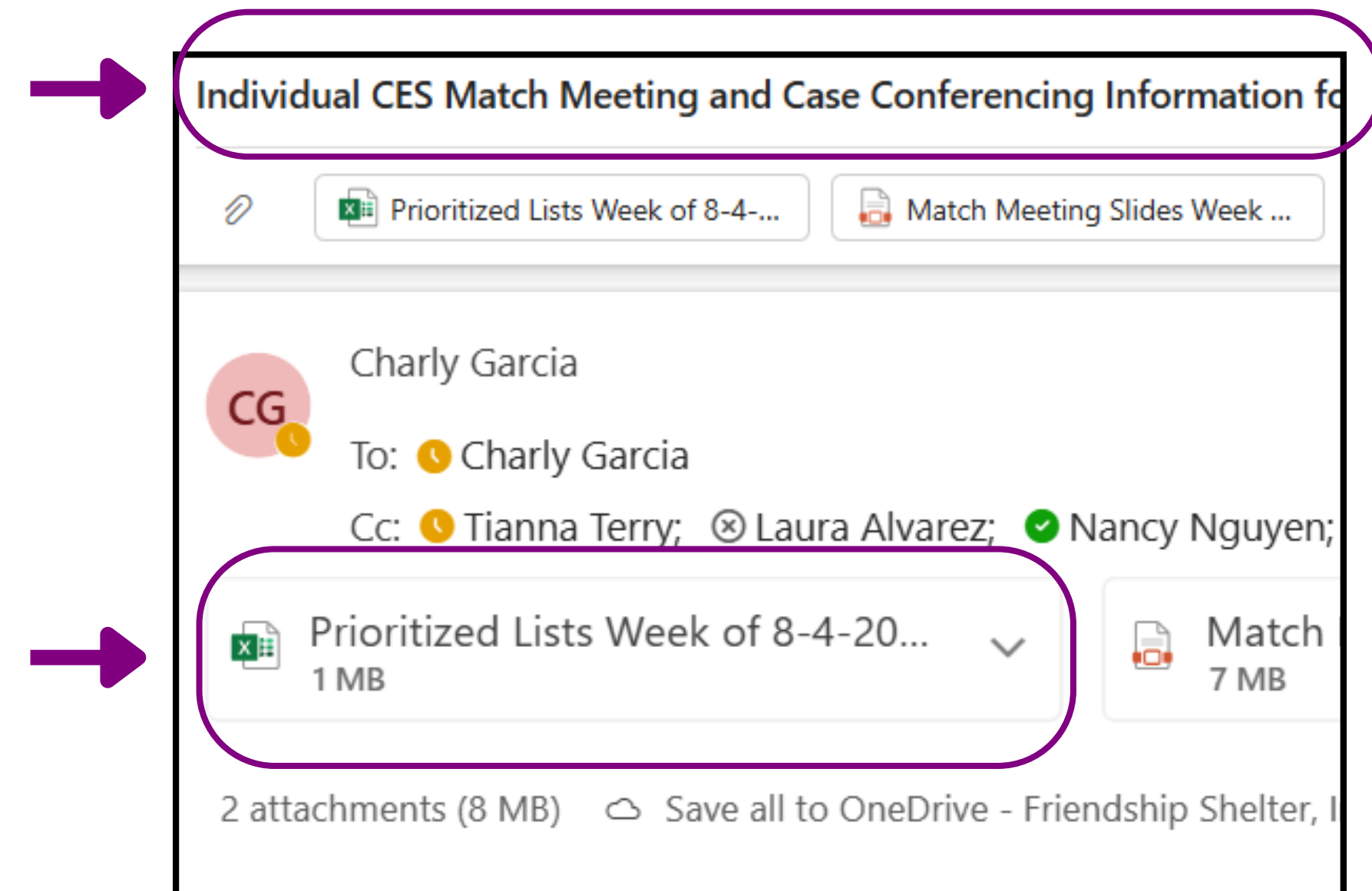


## ICES Prioritized Lists

If you have Survivors who are put on the ICES CQ, it is recommended to check the Prioritized Lists weekly for your participants.

Match Meeting emails (including Prioritized Lists) are sent out by a SPA administrator every Monday by end of day.

If you would like to be added to receive these emails, please contact a SPA administrator for assistance.



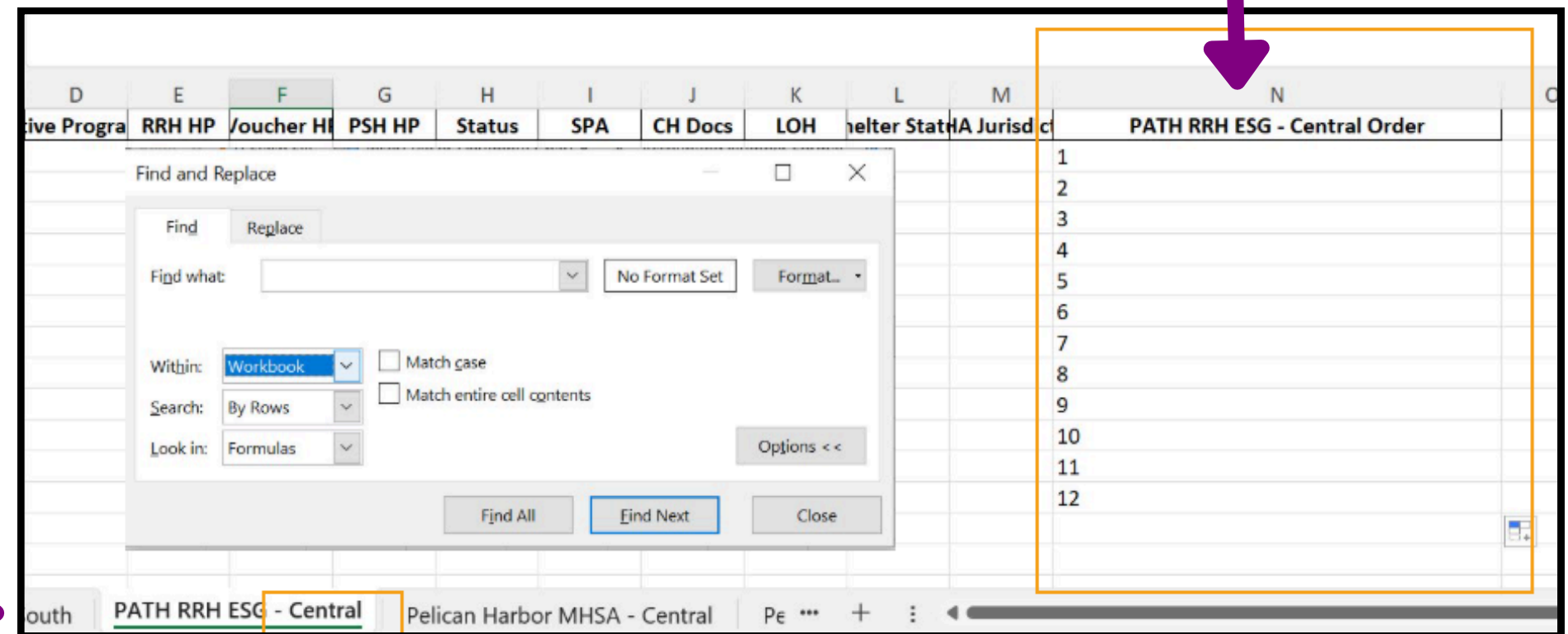


## ICES Prioritized Lists

Each Prioritized Lists sheet has the available opportunities for the week divided into each tab.

Each list is ordered for prioritization, so once the participant has been identified, their corresponding position on the CQ is available to assess.

Tip: You can use CTRL+F on Windows to search for your participant quickly.



## SCES Facilitated Meetings

**Case Conferencing:** Reserved for reviewing and receiving updates on Pending Matches, Housing Interests, and Current Living Situations.

**Office Hours:** Reserved for SCES-related questions, including documentation, assessments, technical issues, Survivor status updates, or other guidance.

### SCES Case Conferencing

- Every other Monday from 3:30-4:30pm

### SCES Office Hours

- Occurs on the 4th Tuesday of the month from 3-4pm

# Questions? Let's Connect!

**Thank you for participating!**

**Contact:** [CoordinatedEntry@ceo.gov](mailto:CoordinatedEntry@ceo.gov)