



# JOINT OFFICE OF HOMELESS SERVICES

## Eligibility Screening for Metro Supportive Housing Services-Funded Permanent Supportive Housing

Date of eligibility screening: \_\_\_\_\_

I certify the \_\_\_\_\_ household meets each of the following four criteria:

1. ☐ Household is earning between 0-30% AMI; **AND**
2. ☐ Head of household has a disabling condition. This can include a physical, psychological or cognitive disability, a chronic illness, or addiction. *This can be self-certified. The disability does not need to be diagnosed or documented by a third party;* **AND**
3. Head of household is currently:
  - a. ☐ Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); **OR**
  - b. ☐ In an institution or publicly funded system of care (e.g. hospital, jail or prison, foster care); **OR**
  - c. ☐ In housing and will become literally homeless within 14 days of the date of application for homeless assistance or has received an eviction (this includes households who are involuntarily doubled up); **OR**
  - d. ☐ Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing

*This can be self-certified or certified by a supportive services provider. No additional documentation is required;* **AND**

4. Head of household meets one or more of the following criteria:
  - a. ☐ Has been literally homeless, institutionalized, in a publicly funded system of care and/or involuntarily doubled-up for a combined total of 12 or more months over the past 3 years; **OR**
  - b. ☐ Was housed through another Homeless Assistance Housing Program in the last three years and is not currently being served in that program; **OR**
  - c. ☐ Is being served in an intensive case management program (e.g. Assertive Community Treatment)

*This can be self-certified or certified by a supportive services provider. No additional documentation is required.*

Staff name: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff agency: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_