This technical assistance document responds to issues and questions from Health Care for the Homeless grantees regarding definition of homelessness and eligibility. The document is comprised of the following sections:

1. What is the definition of homelessness?
2. Reporting in Uniform Data System (UDS)
3. Determining homelessness eligibility
4. What is the 12-month rule?
5. What is the 25% rule?
6. Additional online resources

What is the definition of homelessness?

Different agencies, such as HUD and HHS, use different definitions of homelessness. It's important that your project review the different definitions and types of homelessness. A broad understanding of homelessness will help your project better address the needs in your community and provide culturally competent care. Many Healthcare for the Homeless (HCH) administrators focus on the term 'unstably housed' as a criteria for homelessness.

Types of homelessness include but are not limited to:

- Doubling up or couch surfing
  - There is no exact definition that is used across all departments of the government. The National Alliance to End Homelessness has defined a doubled up person as "a low-income individual or member of a family who is living with friends, extended family, or other non-relatives due to economic hardship." This definition can include individuals that do not have a mortgage, lease, or rental agreement.
- At-risk homelessness
  - HUD definition of homeless includes individuals facing the loss of housing within the next fourteen days (due to eviction and foreclosure) with no other place to go and no resources to obtain housing; person at imminent risk of homelessness.
- Unstably housed
  - Residents of supportive, transitional, or permanent supportive housing (PSH)
  - Individuals living in domestic violence shelters

Newly housed (within 12 months) individuals are still qualified to receive HCH services. After an individual has been stably housed for 12 months, at that point they do not qualify to receive HCH services. (See additional information on this 12-month rule below.)

See the Online Resources section below for links to additional resources, including the Council's 2013 In Focus publication (a quarterly research review) titled *Typologies of Homelessness: Moving Beyond a Homogenous Perspective*.

Reporting in Uniform Data System (UDS)

(the following was taken directly from the 2014 UDS Manual)

	CHARACTERISTICS – SPECIAL POPULATIONS		NUMBER OF PATIENTS – (a)
14.	Migratory	(330g grantees only)	
15.	Seasonal	(330g grantees only)	
16.	TOTAL AGRICULTURAL WORKERS OR DEPENDENTS (ALL HEALTH CENTERS REPORT THIS LINE)		
17.	Homeless Shelter	(330h grantees only)	
18.	Transitional	(330h grantees only)	
19.	Doubling Up	(330h grantees only)	
20.	Street	(330h grantees only)	
21.	Other	(330h grantees only)	
22.	Unknown	(330h grantees only)	
23.	TOTAL HOMELESS (ALL HEALTH CENTERS REPORT THIS LINE)		
24.	TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL HEALTH CENTERS REPORT THIS LINE)		
25.	TOTAL VETERANS (ALL HEALTH CENTERS REPORT THIS LINE)		
26.	TOTAL PUBLIC HOUSING PATIENTS (ALL HEALTH CENTERS REPORT THIS LINE)		

CHARACTERISTICS OF TARGETED SPECIAL POPULATIONS, LINES 14–26 (see image above)

This section on "characteristics" asks for a count of patients from targeted special populations including persons who are homeless, migratory and seasonal agricultural workers, patients who are served by school based health centers, public housing patients, and patients who are veterans.

Homeless Patients, Lines 17–23

All health centers are to report the total number of patients, known to have been homeless at the time of any service provided during the reporting period, on Line 23.

HOMELESS PATIENTS—Are defined as patients who lack housing (without regard to whether the individual is a member of a family), including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and individuals who reside in transitional housing.

Section 330(h) Homeless Program grantees will provide separate totals for homeless program patients by the type of shelter arrangement the patient had when they were first encountered during the reporting year. For section 330(h) grantees Line 23 will equal the sum of Lines 17 through 22. In categorizing patients for Lines 17 through 22:

- The shelter arrangement reported is the patient's arrangement as of the first visit during the reporting period. This is normally assumed to be where the person was housed the prior night.
- Persons who spent the prior night incarcerated, in an institutional treatment program (mental health, substance abuse, etc.) or in a hospital should be reported based on where they intend to spend the night after their visit/release. If they do not know, report them on Line 20: "street."

- Patients currently residing in a jail or an institutional treatment program are not considered to be homeless unless and until they are released to the street with no housing arrangement.

- Line 17 – Shelter: Patients who are living in an organized shelter for homeless persons at the time of their first visit; shelters that generally provide for meals as well as a place to sleep, are seen as temporary, and often have a limit on the number of days or the hours of the day that a resident may stay at the shelter.

- Line 18 – Transitional Housing: Transitional housing units are generally small units (six persons is common) where persons who leave a shelter are provided extended housing stays—generally between 6 months and 2 years—in a service rich environment. Transitional housing provides for a greater level of independence than traditional shelters, and may require that the resident pay some or all of the rent, participate in the maintenance of the facility and/or cook their own meals. Count only those persons who are "transitioning" from a homeless environment. Do not include those who are transitioning from jail, an institutional treatment program, the military, schools or other institutions.

- Line 19 – Doubled Up: Patients who are living with others; the arrangement is generally considered to be temporary and unstable, though a patient may live in a succession of such arrangements over a protracted period of time.

- Line 20 – Street: This category includes patients who are living outdoors, in a car, in an encampment, in makeshift housing/shelter, or in other places generally not deemed safe or fit for human occupancy.

- Line 21 – Other: This category may be used to report previously homeless patients who were housed when first seen, *but who were still eligible for the program.* (HCH rules permit patients who are no longer homeless as a result of becoming residents of permanent housing to continue to be seen for 12 months after their last visit as homeless persons.) Patients who reside in SRO (single room occupancy) hotels or motels, other day-to-day paid housing, as well as residents of permanent supportive housing or other housing programs that are targeted to homeless populations should also be classified as "other," Line 21.

SPECIAL NOTES:

Homeless Patients: While many homeless patients live doubled up or in shelters, transitional housing, or other locations *for which a ZIP code must be obtained,* others— especially those living on the street—do not know or will not share an exact location. Where a ZIP code location cannot be obtained, or the location offered is questionable, health centers should use the ZIP code of the location where the patient is being served as a proxy. Similarly, if the patient has no other ZIP code and receives services on a mobile van, the ZIP code of the location where the van was parked that day should be used.

Do not attempt to allocate patients with unknown income. *Knowing that a patient is homeless or a migratory agricultural worker or on Medicaid is not adequate to classify that patient as having an income below the poverty level.*

How do I determine homelessness eligibility?
What documents are acceptable to prove homelessness?

Even if someone shows up to the clinic and has nothing to prove that they are homeless, the clinic can continue with treatment and triage them. That client will have time between then and their next appointment to work with the intake specialist and/or bring proof that verifies their homelessness, or refer the client to the closest regular community health center. (See note on 25% rule below.)

Note many clients can and will provide the address of the local homeless shelter for intake forms, so it is important to have procedures in place to help your staff determine whether or not the client meets the definition of homeless and not solely rely on whether or not they are able to provide an address to the receptionist or on an intake form. Learning where the client slept the night before can provide some of that information. Questions on intake forms are generally not enough to determine whether someone is unstably housed. Caseworkers and intake interviews are essential to the process of determining someone's housing status.

- As part of the intake process clients can work with a case manager or other intake specialist to determine the client's housing status. This can be recorded on the intake form and/or EHR/EMR system. Questions to ask can include: Where did you sleep last night? Have you been unstably housed in the past 12 months?

- Letters from shelters, churches, or where the client is staying is acceptable. HCH clinics oftentimes provide a blank affidavit form for these organizations to fill out and return with the client.

- Attestation letters are acceptable. This is simply a letter signed by the individual that has a statement about the individual's current living arrangement. Samples/templates available.

- It would help if clinics identified the local permanent supportive housing programs in the community and include their name/address as an option on the HCH's intake form.

- An intake form is just a form, and the information on the form has to be discussed with the client before a final 'housing status' determination is made. In many situations it is expecting too much to ask the client to identify their housing status.

If you have additional questions or concerns about your programs eligibility process, please contact TA@nhchc.org. Individualized technical assistance (TA) on this topic is available from Council staff and HCH administrative consultants.

What is the 12-month rule?

As stated above newly housed (within 12 months) individuals are still qualified to receive HCH services. After an individual has been stably housed for 12 months, at that point they do not qualify to receive HCH services.

- **Exceptions:** Because individuals in transitional housing and permanent supportive housing are still considered unstably housed, clients in these types of housing programs qualify for HCH services past the 12-month timeline. *See below in resources for HRSA language on this exception.*

- As individuals begin exiting homelessness, we encourage programs to work with clients to help integrate them back into the community and encourage these clients to begin using services from the local regular community health center.

- See PAL 99-12 (link is provided in the Additional Online Resources section below)

What is the 25% rule?

This rule allows health centers that only serve special populations to serve individuals not of that population as long as this is 25% below their total client base.

- See page 3 of PIN 2009-05 (link is provided in the Additional Online Resources section below)

Additional Online Resources

- Definitions of homelessness and types of homelessness
- Typologies of Homelessness: Moving Beyond a Homogeneous Perspective
- Module 2: What is Homelessness?
- Organizing Health Services for Homeless People (page 21-22)
- Module 4: The Definition of Homelessness & Eligibility for HCH Services
- HRSA PAL99_12 Pages 8-9 speak to the 12 month-rule.
- Policy Information Notice (PIN) 2009-05
- Clarification of the 12 Month Rule for Permanent Supportive Housing
- HRSA's Uniform Data System (UDS) Resource page