

**Milwaukee Continuum of Care**

**HOMELESS SELF-CERTIFICATION – DUE DILIGENCE**

Applicant Printed Name: \_\_\_\_\_

All pages in the Homeless Self-Certification-Due Diligence document must be fully completed in order to be reviewed by the Milwaukee Continuum of Care supportive housing program. Self-certification is only considered valid under exceptional circumstances, in which all potential sources of third party certification have been considered and ruled out. Completion of the due diligence form certifies that the Coordinated Entry liaison completed due diligence to obtain third party homeless certification for the above named individual or household, who experienced literal homelessness during the specified time frame on page 7.

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**Due Diligence Procedure:**

**Step 1)** Determine if applicant has any records of homelessness covering the entire date range above in HMIS. If there are records of homelessness in HMIS **STOP, and attach time-stamped HMIS record of any outreach contacts, entry/exits into emergency shelter, and file attachments in HMIS indicating episodes of homelessness into the Coordinated Entry packet.** Time-stamped records can be obtained by print screen(s) of HMIS record(s) being copied and pasted into a blank document, as the print screen will indicate the date an HMIS record was obtained in the lower right-hand corner.

**Step 2)** If no record of homelessness for the above timeframe exists in HMIS, indicate information obtained regarding applicant’s homeless history through the following interview report, documenting interviews with the client on a minimum of 3 different dates from pages 1 to 3.

**Step 3)** The three interviews should provide the Coordinated Entry Liaison with at least three potential sources of third party homeless certification. The Coordinated Entry Liaison must record contact and follow up contacts with potential sources on pages 4 to 5.

**Step 4)** If the interviews and contacts do not lead to acquiring third party homeless certification, the Coordinated Entry Liaison should complete the narrative on page 6 explaining why the applicant’s self-certification is necessary to complete a record of chronic homelessness. The narrative must document how the applicant meets HUD’s criteria for applicability of self-certification, explaining how the applicant’s case is (1) rare, (2) extreme, (3) a severe living situation. Completion of steps 1 through 4 permits the Coordinated Entry Liaison to complete the Homeless Self-Certification Applicant Living Situation section on pages 6 and 7.

**Step 5)** The Coordinated Entry Liaison must upload the completed 7 or 8 page packet into client’s HMIS record as an attachment. Page 8 is only applicable for applications self-certifying an emergency shelter, drop in Center, or Safe Haven stay, and/or if additional comments are submitted.

**Date of Applicant Interview (1 of 3):** \_\_\_/\_\_\_/\_\_\_\_\_

**Homeless history information for self-certification period, reported by applicant on the above interview date:**

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Please provide information below regarding contacts made to obtain third party homeless history record from a minimum of three potential sources. Sources of homeless history can include local businesses, police departments, day shelters, social service organizations, faith-based organizations, private street outreach groups, and meal sites that the client is in regular contact with. If there is no response from the third party, or no document submitted to the liaison from the third party after a reasonable waiting period for response, follow up contacts should be made to the third party that could provide third party homeless certification on 2 additional occasions. Third party homeless certification should be added to the Coordinated Entry packet along with this completed document.

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**Third Party Contact (1 of 3)**

**1) Date of Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

**2) Date of Follow up Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

**3) Date of 2<sup>nd</sup> Follow up Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

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Applicant Printed Name: \_\_\_\_\_

**Third Party Contact (2 of 3)**

**1) Date of Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

**2) Date of 1<sup>st</sup> Follow up Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

**3) Date of 2<sup>nd</sup> Follow up Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

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**Third Party Contact (3 of 3)**

**1) Date of Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

**2) Date of 1<sup>st</sup> Follow up Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

**3) Date of 2<sup>nd</sup> Follow up Contact with Third Party:** \_\_\_/\_\_\_/\_\_\_

Type of Contact (phone call, faxed release, voicemail, e-mail, etc.): \_\_\_\_\_

Name of Third Party Contact Person or Name of Organization Contacted: \_\_\_\_\_

Date third party homeless certification record received by liaison, if applicable: \_\_\_/\_\_\_/\_\_\_

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**Milwaukee Continuum of Care**

**HOMELESS SELF-CERTIFICATION – APPLICANT LIVING SITUATION**

Applicant Printed Name: \_\_\_\_\_

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

Dates of homelessness self-certified from \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)

Total number of persons in the household: \_\_\_\_\_

List household members currently living with adult head of household in the following table:

Name of Household Member	Age of Household Member	Relationship to Head of Household

*Authorized agencies must be recognized by Milwaukee Continuum of Care (CoC) as an agency that has a program designed to serve as liaison to Coordinated Entry for persons living in emergency shelter, on the street, or other places not meant for human habitation.*

**This is to certify that the above named individual or household experienced literal homelessness during the time frame based on the check mark, other indicated information, and signature indicating self-report of homeless history.**

**Check only one box indicating living situation and complete only that section on this page or page 8**

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**Living Situation: Place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)**

The person(s) named above is/are, or was/were living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including but not limited to a car, park, abandoned building, bus station, airport, or camp ground.  
Full description of current or past living situation:

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Authorized Agency Representative Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

