

## **Dutchess County Continuum of Care - Coordinated Entry Permanent Supportive Housing Eligibility Checklist**

The below checklist is designed to make a preliminary determination as to whether a client may be eligible for HUD funded permanent supportive housing and if they should be placed on the waitlist for this housing.

### **Section 1 – Does the client meet the HUD Homeless Definition? (check one below)**

- Individual or family who lacks fixed, regular and adequate nighttime residence meaning:
  - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
  - (ii) 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
  - (iii) 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
- Individual or family who will imminently lose their primary nighttime residence, provided that:
  - (i) Residence will be lost within 14 days of the date of application for homeless assistance;
  - (ii) No subsequent residence has been identified; and
  - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
- An individual or family who:
  - (i) Is fleeing, or attempting to flee, domestic violence;
  - (ii) Has no other residence; and
  - (iii) Lacks the resources or support networks to obtain other permanent housing

### **Section 2 – Does the client have a documented that (check all that apply):**

- is expected to be long-continuing or of indefinite duration;
  - (i) substantially impedes the individual's ability to live independently;
  - (ii) could be improved by the provision of more suitable housing conditions; and
  - (iii) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- is the disease of acquired immunodeficiency syndrome or any condition arising from AIDS.

### **Section 3 – Preliminary HUD PSH Eligibility Determination**

Does the client meet the HUD homeless definition AND have a documentable disability?    Yes    No

If yes, turn this form over, have the client sign the release, and complete a VI-SPDAT. If no, refer the client to more appropriate community resources. Questions about this form or DC Coordinated Entry should be direct to [dccoordinatedentry@gmail.com](mailto:dccoordinatedentry@gmail.com) or (845) 486-3621.

**Dutchess County Continuum of Care  
Coordinated Entry Client Release Form**

We have a new system (Coordinated Entry) to help us house the people who need it the most. We want to:

- **Make it easier and faster for you to get the right housing**
- **Reduce the number of times you have to provide basic information and tell your story**
- **Better match housing to your unique needs**

We are asking your permission to share limited information about you with Coordinated Entry providers in Dutchess County. You have the right to choose whether or not other service providers can see any of your personal information and the level of information that can be shared. We will not share information about HIV/AIDS, domestic violence, and mental illness/substance abuse, as well as client notes. This consent will be good until revoked by you. You may change your mind and withdraw your consent at any time.

By signing this form, I agree to share information with other Coordinated Entry providers in Dutchess County:

Client, Parent or Guardian:

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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Date

\_\_\_\_\_  
Date