



# JOINT OFFICE OF HOMELESS SERVICES

## Eligibility Screening for Project-Based Section 8 and Metro Supportive Housing Services-Funded Permanent Supportive Housing - STARLIGHT

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 demonstrates a need for tightly linked supportive services to retain stable housing; **AND**
4. 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**
5. 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.*

Households who enter a Homeless Assistance Housing Program (e.g. Mobile Housing Team) maintain their homeless status for the purpose of transitioning into a PSH program. Please check here if the household is currently being served in a Homeless Assistance Housing Program and complete the above checklist to demonstrate their eligibility at entry into that program.

If applicable, name of current Homeless Assistance Housing Program: \_\_\_\_\_

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

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

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

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