

### **Foundational Community Supports (FCS): Attestation of Chronic Homelessness**

Those interested in enrolling in the FCS supportive housing program must meet one health need and one risk factor to be eligible for the program, in addition to other criteria listed below.

I attest that I am a duly authorized FCS intake worker and that I have followed my agency's policies and procedures as well as Washington State Health Care Authority policy to establish chronic homelessness for the purposes of the FCS program. I have determined chronic homelessness by one of the following criteria:

- Homelessness Management Information System (HMIS)
- A written and signed attestation by an outreach worker
- A written and signed referral by another housing or service provider
- The enrollee's signed attestation of duration and frequency of homelessness

I attest that \_\_\_\_\_ meets the duration and frequency requirements of chronic homelessness; the individual has lived in a place not meant for human habitation, in a safe haven or in an emergency shelter for at least 12 months, or at least four separate occasions in the last three years as long as the combined occasions equal at least 12 months.

**Note:** This definition also includes individuals who previously met the HUD definition of chronic homelessness but have been housed in the last 60 days (time housed may not exceed 60 days).

*Signature of authorized FCS intake worker:	*Date:
*Agency name:	Address:

**Enrollee attestation**

I, \_\_\_\_\_, have experienced being homeless for the last 12 months in which I lived in a place not meant for human habitation, in a safe haven or in an emergency shelter; or on at least four separate occasions in the last three years, I was homeless for a total of at least 12 months.

**Note:** This definition also includes individuals who previously met the HUD definition of chronic homelessness but have been housed in the last 60 days (time housed may not exceed 60 days).

*Signature:	*Date:
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\* Indicates a required field.