

Participant Information	
Participant Name:	HMIS #:

Instructions: This form is to be completed by ESG program staff to re-certify participant eligibility for Homelessness Prevention and Rapid Re-Housing services. A recertification must be completed for Homelessness Prevention households every 90 days and/or at program exit. A recertification must be completed for Rapid Re-Housing households every 180 days and/or at program exit. Complete the below information and attach new supporting documentation demonstrating household eligibility for the program. The supporting documentation should be updated information and not from previous eligibility decisions. This form must be retained in the participant file.

Recertification	
Date of program entry	<input type="checkbox"/> Three month (must be completed no later than 90 days after program entry) _____
	<input type="checkbox"/> Six month (must be completed no later than 180 days after program entry) _____
Recertification date	<input type="checkbox"/> Nine month (must be completed no later than 270 days after program entry) _____
	<input type="checkbox"/> Program exit (must be completed at program exit)
	<input type="checkbox"/> Other (please describe) _____

Income (all household members 18 years of age and older)	
Please update the household's current income status AND attach the appropriate documentation.	
<input type="checkbox"/> Household Income meets AMI requirements	
<input type="checkbox"/> Household Income does not meet AMI requirements <ul style="list-style-type: none"> • Households that do not meet the AMI requirements are no longer eligible to receive any ESG services. They must be discharged from the program. 	

Resources	
<input type="checkbox"/> Household has no other housing options, financial resources, or support networks identified	
<input type="checkbox"/> Household has other housing options, financial resources, or support networks identified	

Housing Stability Goals	
Household agrees to work on the following goals to ensure a stable housing outcome:	
1.	_____
2.	_____
3.	_____

Agency/Staff Certification	
<input type="checkbox"/> Household is eligible for additional services	
<input type="checkbox"/> Household is ineligible	
Staff Signature:	Date:
Staff Supervisor Signature:	Date: