



Chronically Homeless Qualification Checklist

For Service Providers of currently or chronically homeless persons residing in the City of Detroit:
Please fill out this checklist used to assure applicant meets Detroit ID Card program eligibility for a Discount Adult ID Card and fee of \$10.

Attach this form to the Third-Party Certification Letter printed on your agency's letterhead. Have your client bring the two forms to her/his appointment for the D-ID. The Third-Party Letter is **NOT** required if a case worker accompanies client to her/his D-ID appointment. This form is scanned and retained as part of the client's D-ID application record for 2 years as required by the City of Detroit.

APPLICANT NAME: _____

HMIS # (if applicable) _____

Applicant's Current or Chronically Homelessness Status

The U.S. Department of Housing and Urban Development (HUD) defines a Chronically Homeless person as an unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children); who has had four (4) episodes of homelessness in the last three [3] years). "Homeless" is defined as "... sleeping in a place not meant for human habitation (e.g. living on the streets OR living in a homeless emergency shelter).

☐ **Applicant is a currently homeless or chronically homeless resident of Detroit, MI.**

Staff Name: _____

Staff Title: _____

Signature: _____

Phone/Email: _____

Organization/address _____

Date: _____