

MA-506 Worcester City and County Continuum of Care Application for Lottery for MRVP for Chronically Homeless Individuals

Section 1: Demographic Information		
First Name:	Last Name:	
Date:	Where have you been staying at night?	
Preferred Language:	Secondary Language:	
How can you be contacted?	Date of Birth (xx/xx/xxxx)	Household Description: <div style="text-align: center; font-size: small;">Individual Family</div>

Section 2: Housing/Homelessness	
In this Section choose only one answer in each Part	
Part A.	Where you have been staying/sleeping at night?
Homeless in a place not meant for human habitation	
Homeless in shelter	
In Transitional Housing	
In substandard housing and/or rent is not affordable (over 30% of income)	
In stable housing that is only marginally adequate	
Housing is safe, adequate and affordable	
Part B.	If in shelter or a place not meant for human habitation, how long have you been staying/sleeping there?
More than 1 year	
6 months - 1 year	
1-6 months	
Less than 30 days	
Part C.	Answer Part C only if Part B is less than 1 year
If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?	
Yes	
No	

Section 3: Disability	
Do you have a Disabling Condition as defined by HUD?	
Yes	
No	

HUD defines Disabling Condition as: A diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions that limits an individual's ability to work or perform one or more activities of daily living.

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To be eligible to receive an MRVP from this lottery, the applicant must be a chronically homeless person. HUD defines Chronically Homeless as:

- (1) A “homeless individual with a disability,” as defined in the Act, who:
 - a) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b) Has been homeless (as described in a) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months; or
- (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

This Application must include attached documentation of Chronic Homelessness. It should contain proof of:

1. A diagnosable substance abuse disorder, serious mental illness, developmental disability or chronic physical illness or disability, including the co-occurrence of two or more of these conditions that limits an individual’s ability to work or perform one or more activities of daily living for the applicant, and either:
 - a. That the person lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and,
 - b. Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months.
- OR**
- c. An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the above criteria.