

Foundational Community Supports (FCS) Attestation of Chronic Homelessness

Washington | Medicaid

Those interested in enrolling in the Foundational Community Supports (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		
neets 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:	
I,		
*Signature:		*Date:

^{*} Indicates a required field.