

Homeless Verification Form



Homeless Services

Applicant's Name:	HMIS #:
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Instructions: This form is to certify that the applicant named above is currently "literally homeless" as defined by HUD. The third party completing this form must check one box below, provide a description or information of the client's homeless status, attempts to obtain third party verification, and sign/date for completion.

Agency/Program Name:	
Case Worker/Agency Representative Name (first and last):	
Case Worker/Agency Representative Phone Number:	
Intake Date:	
Intake Location/Address:	

I certify that the applicant named above and any household members with that applicant (check only one):

Is/are living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation.

Description of where applicant is staying:	
Location/Address of where applicant is staying:	

Case Worker/Agency Representative Signature: _____ **Date:** _____

Is/are staying in an emergency shelter OR a transitional housing program for people who are homeless (coming from streets or shelter) OR a hotel or motel that is paid for by a charity or government program.

Shelter or Hotel/Motel Name:	
Location/Address:	
If hotel/motel, name of charity/program paying for stay:	

Case Worker/Agency Representative Signature: _____ **Date:** _____

Is/are exiting an institution where they have been staying for 90 days or less AND they stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.

Institution Name:	
Location/Address:	
Date of Admission:	
Description of unsheltered place:	
Location/Address of unsheltered place:	
Shelter Name:	
Location/Address:	

Case Worker/Agency Representative Signature: _____ **Date:** _____

The case worker/agency representative was not able to confirm homeless status through observation and/or third party verification was not obtained. The description below includes the observation and attempted actions to obtain third party verification.

Case Worker/Agency Representative Signature: _____ **Date:** _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Recordkeeping Requirements



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Indicate the type of documentation that was collected in order to identify client's homeless status.

RECORDKEEPING REQUIREMENTS	Literally Homeless	<input type="checkbox"/> Written observation by the outreach worker; <u>or</u> <input type="checkbox"/> Written referral by another homeless or service provider; <u>or</u> <input type="checkbox"/> Certification by individual or head of household seeking assistance stating (s)he was living on the streets or in shelter <input type="checkbox"/> For individuals exiting an institution, one of the forms of evidence above; <u>and</u> : <input type="checkbox"/> Discharge paperwork <u>or</u> written/oral referral, <u>or</u> <input type="checkbox"/> Written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual they exited institution
	At Imminent Risk of Homelessness	<input type="checkbox"/> A Three-day Pay or Quit Notice with proper proof of service <input type="checkbox"/> A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> <input type="checkbox"/> For individual and families leaving a motel evidence they lack the financial resources to stay; <u>or</u> <input type="checkbox"/> A documented and verified oral statement; <u>and</u> <input type="checkbox"/> Certification no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification or other written documentation verifying the individual lacks the resources and support necessary to obtain permanent housing
	Unaccompanied Youth	<input type="checkbox"/> Certification by the nonprofit or state or local government the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> <input type="checkbox"/> Certification of no Permanent Housing in last 60 days; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> <input type="checkbox"/> Documentation of special needs <u>or</u> 2 or more barriers
	Fleeing or Attempting to Flee	<p><i>For victim service providers:</i></p> <input type="checkbox"/> An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. <p><i>For non-victim service providers:</i></p> <input type="checkbox"/> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification, or other written documentation the individual or family lacks the resources and support networks to obtain other permanent housing.

