

Verification of Homelessness

To be eligible for participation in the McKinney-Vento Supportive Housing Program (SHP) and/or Shelter Plus Care (SPC) Programs, an applicant must be experiencing homeless as defined by HUD. A person is considered homeless only when he/she resides in one of the following places: (1) In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); (2) In an emergency shelter; (3) In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters; (4) In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution; (5) Is being court-ordered evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; (6) Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or (7) Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

I hereby verify that the referred individual _____ is currently homeless and is:

Sleeping in places not meant for human habitation (e.g. cars, parks, sidewalks, abandon buildings).
Location: _____

Sleeping in an emergency shelter or a residence that is part of an established shelter system.
Date entered the shelter: _____ Name of shelter: _____

Graduating from a transitional housing program with a stay of no longer than 24 months and was homeless (as defined above) immediately prior to entering transitional housing:

Name of transitional housing program _____ Date entered program: _____

Homelessness circumstances immediately prior to transitional stay: Being discharged from a hospital or institution with a length of stay of less than 30 days and was homeless as defined above) immediately prior to inpatient stay:
Name of inpatient program: _____

Date entered hospital/institution: _____
Homelessness circumstances prior to inpatient stay: _____

Being court-ordered evicted within a week from a private dwelling unit.

** Being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison with a length of stay of over 30 days.

** Is fleeing a domestic violence housing situation. ***individual must also demonstrate that no subsequent resident has been identified and the person lacks the resources and support networks needed to obtain housing.

The above-named individual should be counted as chronically homeless because s/he is an unaccompanied individual and:

S/he has a disabling condition, defined 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. A disabling condition limits an individual's ability to work or perform one or more activities of daily living (ADL)." Nature of disability: Evidence of disability/ Limitations in ADLs:

S/he has been continuously homeless (sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in an emergency homeless shelter for at least a year or episodically homeless at least 4 times in the last 3 years) Staff must attach a statement signed & dated by staff or the client, giving the dates & locations (street or shelters) where the client lived during the period given as the basis for designating him/her chronically homeless. Note #2: A client who has been determined to have been chronically homeless prior to entering a HUD-funded program should be counted as chronically homeless while they are in that or subsequent HUD-funded programs.

A statement signed by staff or the client about such prior homelessness is attached or appears on reverse side of this form

I understand that false statements or information are punishable under federal law.

Signature of Authorized Program Staff

Printed Name and title

Date