

HOMELESSNESS HISTORY VERIFICATION

The Homelessness History Verification is completed by a third party to verify an individual's homeless history.

Instructions:

- List the date and location that you witnessed or provided services to the named person
- If there have been multiple instances in a month, include the first and last time you encountered the person as the Start and End Date. If the encounters are separated by more than a month, list each as a separate instance.

Client Name:				DOB:
	Start Date	End Date	Location	Type of Verification Evidence used to support the assertion of homelessness (check all that apply):
1 st Instance				☐ Client received our services on this date. Indicate type of evidence of homelessness: ☐ Carrying large quantities of belongings or bedding ☐ Accessing services from a homeless provider ☐ Staying at our shelter/crisis center Witnessed episode of homelessness first-hand: Observation*:
2 nd Instance				☐ Client received our services on this date. Indicate type of evidence of homelessness: ☐ Carrying large quantities of belongings or bedding ☐ Accessing services from a homeless provider ☐ Staying at our shelter/crisis center Witnessed episode of homelessness first-hand: Observation*:
3 rd Instance				☐ Client received our services on this date. Indicate type of evidence of homelessness: ☐ Carrying large quantities of belongings or bedding ☐ Accessing services from a homeless provider ☐ Staying at our shelter/crisis center Witnessed episode of homelessness first-hand: Observation*:
Signature of Third Party Verifier				Printed Name of Third Party Verifier
Title and Contact Information				Date

*Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc.

An individual simply saying they are homeless does not qualify as an observation