



SELF- DECLARATION OF HOMELESSNESS

This form is used to document homeless history and breaks in homelessness. Written attempts showing due diligence of obtaining third party verification must be documented if the individual self-certifies more than 3 months.

CLIENT NAME:		DOB:	HMIS Client ID:
Start Date	End Date <small>(current date if residing in the same location)</small>	Location of Stay	Location Type <small>(check one for each instance)</small>
			<input type="checkbox"/> Car, van, camper <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for human habitation <input type="checkbox"/> Hotel/motel paid by another agency <input type="checkbox"/> Shelter. Specify: <input type="checkbox"/> Institution (hospital. Jail) <input type="checkbox"/> Not homeless (friends, self-paid motel)
			<input type="checkbox"/> Car, van, camper <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for human habitation <input type="checkbox"/> Hotel/motel paid by another agency <input type="checkbox"/> Shelter. Specify: <input type="checkbox"/> Institution (hospital. Jail) <input type="checkbox"/> Not homeless (friends, self-paid motel)
			<input type="checkbox"/> Car, van, camper <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for human habitation <input type="checkbox"/> Hotel/motel paid by another agency <input type="checkbox"/> Shelter. Specify: <input type="checkbox"/> Institution (hospital. Jail) <input type="checkbox"/> Not homeless (friends, self-paid motel)
			<input type="checkbox"/> Car, van, camper <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for human habitation <input type="checkbox"/> Hotel/motel paid by another agency <input type="checkbox"/> Shelter. Specify: <input type="checkbox"/> Institution (hospital. Jail) <input type="checkbox"/> Not homeless (friends, self-paid motel)

Client Signature below certifies that the above information is correct.

Client Signature:	Date:
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SELF-CERTIFICATION OF HOMELESSNESS

If the person is self-certifying more than 3 months, please include staff efforts to obtain written third party verification and the person's current living situation.

I made the following attempts to obtain written third party verification (attach additional sheets if necessary):

Date: _____ Attempt: _____

Date: _____ Attempt: _____

Date: _____ Attempt: _____

Location where person is currently staying:

Additional Notes:

Staff Certification

I understand securing written third party verification is the preferred method of certifying homelessness status (24 CFR 578.103). If the client is self-certifying, I was unable to obtain additional varication. My attempts are documented above.

Staff Signature:

Printed Name:

Staff Title:

Date:

Agency name:

Staff Phone/E-mail: