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| CoC Program Participant Homelessness Verification |
| Sample Letters Documenting DedicatedPLUS Homeless Status |
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| **1/11/2021** |

These sample letters can be used by CoC funded Permanent Supportive Housing (PSH) projects and Coordinated Access Networks (CANs) in combination with the required [Homelessness Verification Form](https://www.ctbos.org/wp-content/uploads/2020/11/CT-BOS-CoC-Homelessness-Verification-Form-Ded-Plus-Edits-v11.docx) and the [Disabling Condition Verification Form](http://www.ctbos.org/wp-content/uploads/2019/12/Disabling-condition-CT-BOS-CoC-Form-re.-10.10.19.pdf) to document eligibility for DedicatedPLUS PSH projects. The sample letters are intended only as a resource. Letters are not required to follow the formats shown.

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# **Section 1 - Instructions:**

* All CoC funded projects are required to use the following order of priority for obtaining evidence of homelessness:
* **First Priority:** Third-party documentation
* **Second Priority**: Intake worker observation
* **Third Priority:** Certification from the person seeking assistance
* If at any point an applicant does not want someone to be contacted because of fear for their personal safety– the worker SHOULD NOT contact that person. Rather, the worker should document the applicant’s statements in the case file and should attempt to document homelessness via an alternative third-party.
* This document contains sample letters for third-party documentation, intake worker observation, and participant self-certification.
* Sample letters are intended only as a resource. Letters are not required to follow the formats shown.
* For all participants entering PSH, CT BOS requires that the [Homelessness Verification Form](https://www.ctbos.org/wp-content/uploads/2020/11/CT-BOS-CoC-Homelessness-Verification-Form-Ded-Plus-Edits-v11.docx) and [Disability Verification Form](http://www.ctbos.org/wp-content/uploads/2019/12/Disabling-condition-CT-BOS-CoC-Form-re.-10.10.19.pdf) be completed and maintained in participants’ charts.
* All PSH participants MUST meet the HUD definition of disability (see [Disability Verification Form](http://www.ctbos.org/wp-content/uploads/2019/12/Disabling-condition-CT-BOS-CoC-Form-re.-10.10.19.pdf) for more information).
* All applicable supporting documentation, as specified in the [Homelessness Verification Form](https://www.ctbos.org/wp-content/uploads/2020/11/CT-BOS-CoC-Homelessness-Verification-Form-Ded-Plus-Edits-v11.docx), including third-party documentation, intake worker observation, participant self-certification, and documentation of due diligence in attempting to obtain third-party documentation must also be maintained in each participant’s file.
* HUD requires that, if there is a delay between when documentation was initially gathered and when the participant **accepts** a vacant slot in the PSH project, you must document homelessness during that period. For example, if your CAN documented someone meets chronic homelessness criteria on 6/1/20, and the person **accepts** an available slot in a PSH project on 7/1/20, the documentation must be updated to reflect that the person was still currently chronically homeless as of 7/1/20.
* Please see details below regarding each type of documentation.

**First Priority:** Third-party documentation can include any of the following:

* A printed **HMIS record** or record from a comparable database;
* A letter from a **housing/service provider** (e.g., shelter, outreach, RRH worker, CAN, or soup kitchen worker, doctor, therapist, counselor or other service provider). Housing/Service providers must specify each month of encounter, the location of each encounter, the living conditions, and nature of the conversations that indicated the person was homeless. Providers may not provide documentation for months in which they did not encounter the person. Where providers did not observe the location where the person resides, they must state why they believe to the best of their knowledge, based on professional judgment that the person is homeless. Housing/service providers may document homelessness even if their encounter with the client occurred in a setting other than the living location. For example, a housing/service provider may document homelessness for a month in which their only encounter with the client was at a soup kitchen, drop-in center, library, office, etc.
* A letter from a **community member** (e.g., clergy person, educator, law enforcement officer, elected official, neighbor, relative, or shopkeeper) attesting to having physically observed the living location, describing that location, and specifying the months in which observation of the living location was observed. Community members may only document homelessness for months in which they observed the actual living location (e.g., saw someone bedded down in a park or on a bus, or visited their campsite).
* Documentation by the **intake worker** of the information provided orally by a community member who is unwilling to provide a written letter. Such documentation must include all details specified above as required for a letter from a community member.

**Second Priority**: Intake worker observation

* A written observation by an intake worker of the conditions where the individual was living. Such letters must specify each month of encounter, the location of each encounter, the living conditions, and nature of the conversations that indicated the person was homeless. Intake workers may not provide documentation for months in which they did not encounter the person. Where intake workers did not observe the location where the person resides, they must state why they believe to the best of their knowledge based on professional judgment that the person is homeless. Intake workers may document homelessness even if their encounter with the client occurred in a setting other than the living location. For example, an intake worker may document homelessness for a month in which their only encounter with the client was at a soup kitchen, drop-in center, library, office, etc.

**Third Priority:** Certification from the person seeking assistance

* When first or second priority evidence as described above cannot be obtained, a certification by the individual seeking assistance is allowable. **SEE DETAILS AND LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW.** Such self-certification evidence must:
	+ - Include a dated letter signed by the applicant attesting to the qualified locations where the applicant lived and the approximate dates living in each location; AND
		- Be accompanied by documentation by the intake worker of the living situation and circumstances that necessitate reliance on self-certified evidence (such as, client was camping in a remote area and did not have contact with any service providers or emergency shelter where client resided was unresponsive to multiple attempts to obtain third party documentation); AND
		- Be accompanied by documentation of steps taken to obtain third-party documentation, including documenting attempts to locate HMIS records and attempts to obtain letters from an emergency shelter or other service provider knowledgeable of the applicant’s homelessness. Such documentation must, at a minimum, include three attempts.

**Limitations on use of self-certification evidence:**

* **DISABILITY –** Disability cannot be self-certified.
* **FOR DEDICATEDPLUS AND CHRONICALLY HOMELESS DEDICATED PSH -** Up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report. HUD allows self-certification while third-party documentation is gathered for up to 180 days (participants enrolled for fewer than 180 days can be excluded from the determination of whether at least 75% of participants have at least 9 months of third-party documentation).

**Additional Requirements:**

The following requirements apply to all third-party, intake worker documentation of oral evidence provided by a community member, and intake worker observation letters:

* All letters must be signed and dated.
* Where applicable, letters must be on agency letterhead.
* The name and title of the person signing must be indicated.
* If the signatory does not have a relevant title, then the letter must state his/her relationship to the client.
* All content must be legible.

**Please continue to page 5 for sample letters.**

# **Section 2 – Sample Letters for Use in Documenting**

# **Chronic Homelessness**

**EXAMPLE #1 – CHRONIC: This example would suffice alone to document**

**12 months of continuous homelessness.**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently residing at the emergency shelter operated by Hope House. He has been a resident at our shelter continuously without a break of seven or more consecutive nights since May 25, 2019.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #2 - CHRONIC: This example would suffice alone to document at least**

**12 months of continuous homelessness.**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hope House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe was a resident at our shelter from June 20, 2019 to July 2, 2019. He was then living at a campsite from July 6, 2019 through at least November 5, 2019. Those are the dates of a Hope House outreach worker’s first and last encounter with him at the campsite. During the period he resided at the campsite, our Hope House outreach worker encountered him at least monthly observing the location in which he resided. Mr. Doe returned to the Hope House Emergency shelter on November 9, 2019 and has resided at the shelter continuously without a break of seven or more consecutive nights since that time through present.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #3 - CHRONIC: This example would suffice alone to document at least**

**12 months of continuous homelessness.**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe.  Mr. Doe is currently living outside and receiving services from our Day Shelter.  Mr. Doe has been receiving services from our agency since 2017 through present.  During that period he has been either residing in our emergency winter shelter or living outside continuously without a break of seven or more consecutive nights.  Since at least July 2019, staff at Hope House have encountered  Mr. Doe at least monthly residing in our winter shelter, in a place not meant for human habitation (e.g., at his campsite in Sheridan Woods, in a shed on an abandoned property, under the Maple Street bridge), or at our Day Shelter.

Based on the services we have provided to Mr. Doe, including overnight shelter, access to a shower, laundry facilities, and day shelter and based on discussions with Mr. Doe, during which he provided information we believe to be credible about his living situation, I believe, according to my professional judgment, that he was homeless during the entire period described above.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4 - CHRONIC: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter A – Documents 4 months & Occasions #1 & #2**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from September 20, 2017 to November 18, 2017.

He returned to the Hope House Emergency Shelter on January 10, 2018 and resided at the shelter until January 12, 2018.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4 - CHRONIC: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter B – Documents 2 months and Occasion #3**

(AGENCY LETTERHEAD)

Central CT Community Services

123 Main Street

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from February 5, 2018 to March 10, 2018.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4 - CHRONIC: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter C – Documents 4 months and Occasion #4**

(AGENCY LETTERHEAD)

Hospitality House

123 Union Street

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving food pantry and advocacy services from Hospitality House. We are referring him to your agency for housing to resolve his homelessness.

Mr. Doe has been receiving services from our agency and living in locations not meant for human habitation periodically since at least March 2020. He is currently unsheltered and living in a park and at a bus station since at least March 3, 2020. I spoke yesterday to Mr. John Smith who resides at 127 River Road adjacent to the park where Mr. Doe is living. Mr. Smith verified that he sometimes gives Mr. Doe money and observed Mr. Doe bedded down in the park on at least 2 occasions during each of the months of March, and April 2020.

I also spoke on June 6, 2020 to Ms. Jane Jones who operates a coffee shop inside of the High Street bus station. Ms. Jones verified that she observed Mr. Doe bedded down in the bus station on at least 2 occasions during the months of May and June 2020. Based on my professional judgment, I believe that Mr. Doe has been living in places not meant for human habitation since at least March 2020 through present. This determination is based on the fact that I believe the information reported by Ms. Jones and Mr. Smith to be credible and consistent with the information that Mr. Doe has reported when receiving services at my agency.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4 - CHRONIC: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter D – Client Self-Certification (Documents Remaining 2 Months Needed and breaks of more than 7 nights separating each occasion)**

See also page 24 for another self-certification example.

Note: When first or second priority evidence as described above cannot be obtained, a certification by the individual seeking assistance is allowable. SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE on page 4

 June 15, 2020

To Whom It May Concern:

I am writing this letter because I am homeless. I have been homeless on and off since I lost my job and was evicted in 2016. During that time, I have lived in many different places. I stayed three of four times at my grandmother’s apartment for a few weeks and twice at my friend’s house, while his wife was away, for around a month each time. I was arrested around Easter in 2018 and spent 4 months in jail. When I got out, I mostly slept in a friend’s car for two months in August and September of 2018. I had to leave my friend’s place when he moved and got rid of the car. Since then I have been sometimes crashing with friends or staying at shelters, camping out in the park or woods, or sometimes I spend the night at the bus station. I mostly keep to myself and don’t tell anyone about my situation. I hope you can help me. I haven’t been able to get a job, because I am disabled and have a record, and I really need an apartment.

Sincerely,

(INSERT SIGNATURE)

John Doe

**EXAMPLE #4 - CHRONIC: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter E – Intake Worker Certification (Documents Steps Taken to Obtain Third Party Documentation)**

*NOTE:* Where third-party evidence cannot be obtained, a certification by the individual seeking assistance, must be accompanied by the intake worker’s documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence.

*(AGENCY Letterhead)*

 June 15, 2020

To Whom It May Concern:

Please accept the letter signed by John Doe on 6/15/20 as self-certification of his unsheltered homelessness for the period he lived in his friend’s car in August and September of 2018. As he states in his letter, he mostly keeps to himself about his living situation and often lives unsheltered without seeking services from any homeless service providers. We have checked with the outreach team, day shelter, and soup kitchen serving our area, and they are unable to provide third party documentation of Mr. Doe’s unsheltered homelessness during that period. They did confirm that he is very proud, tries to get by on his own as much as possible without help, and avoids sharing details about his living situation. We also checked HMIS for records of any other service providers that may be able to provide verification and found no useful records.

Contained in his file are third-party documentation letters containing evidence of 4 separate occasions of homelessness over less than 3 years totaling 10 months. The letter from Mr. Doe documents more than the required additional 2 months and the breaks between episodes in order to confirm Mr. Doe’s status as chronically homeless.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Intake Specialist

# **Section 3: Sample Letters for Use in Documenting Situations Other Than Chronic Homelessness that Qualify as Dedicated PLUS**

**EXAMPLE #5 - DEDICATEDPLUS: This example includes 2 letters (A &B) that together would suffice to document homelessness in three years totaling at least 12 months, but not on 4 separate occasions**

**Letter A – Documents 5 months**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

 June 20, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from September 20, 2017 to January 18, 2017.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #5 - DEDICATEDPLUS: This example includes 2 letters (A &B) that together would suffice to document homelessness in three years totaling at least 12 months, but not on 4 separate occasions**

**Letter B – Documents 8 months**

(AGENCY LETTERHEAD)

Central CT Community Services

123 Main Street

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe has been a resident at our shelter since November 12, 2019 through the present.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #6 - DEDICATEDPLUS: This example includes 2 letters (A &B) that together would suffice to document current literal homelessness combined with 12 months of continuous homelessness immediately prior to a Rapid-Rehousing enrollment during the past 12 months that the participant was unable to maintain.**

**Letter A: Documents 12 months of continuous homelessness immediately prior to Rapid-Rehousing Entry**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

 April 1, 2019

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe.  Mr. Doe is currently living outside and receiving services from our Day Shelter.  Mr. Doe has been receiving services from our agency since 2017 through present.  During that period, he has been either residing in our emergency winter shelter or living outside continuously without a break of seven or more consecutive nights.  Since at least February 2017, staff at Hope House have encountered Mr. Doe at least monthly residing in shelter, in a place not meant for human habitation, or at our Day Shelter. Based on the services we have provided to Mr. Doe, including overnight shelter, access to a shower, laundry facilities, and day shelter and based on discussions with Mr. Doe, during which he provided information we believe to be credible about his living situation, I believe, according to my professional judgment, that he was homeless during the entire period described above.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #6 - DEDICATEDPLUS: This example includes 2 letters (A &B) that together would suffice to document current literal homelessness combined with 12 months of continuous homelessness immediately prior to a Rapid-Rehousing enrollment in the past 12 months that the participant was unable to maintain.**

**Letter B – Documents Rapid Re-housing Enrollment in Past 12 months and current literal homelessness**

(AGENCY LETTERHEAD)

Central CT Community Services

123 Main Street

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of DedicatedPLUS homelessness status for John Doe. Mr. Doe entered the Rapid Re-housing project operated by my agency on April 2, 2019. He was consistently unable to pay his share of the rent and was evicted from his unit on February 10, 2020. The Coordinated Access Network has prioritized him for Permanent Supportive Housing (PSH). He has no place to go while he awaits an available PSH unit and has been staying, since his eviction and through present, at my agency’s emergency shelter.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

# **Section 4: Sample Letter for Use in Documenting Intake Worker Observation**

**EXAMPLE #7 – Intake Worker Observation: This example would suffice alone to document 12 months of homelessness.**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

 June 15, 2020

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe.  Mr. Doe is currently living in the woods behind the Walmart on Hawthorne Avenue. I visited him in his campsite on June 12, 2020. Mr. Doe is receiving services from the Hope House Day Shelter.  Mr. Doe has been receiving services from our agency since at least July 2019 through present.  During that period, he has been living outside. Additional locations he has been living, include: in Lenape Park, under the bridge on Canal Street, and in a storage container in back of ShopRite. Since at least July 2019, I have encountered Mr. Doe at a minimum monthly at our Day Shelter, at the library, and/or at our Soup Kitchen.

I believe, according to my professional judgment, that he was homeless during the entire period described above. This determination is based on the services we have provided to Mr. Doe, including, meals, storage, mail pick-up, access to a shower, laundry facilities, benefits advocacy and a place to rest safely and escape from bad weather. This determination is also based on discussions with Mr. Doe, during which he provided information I believe to be credible about his unsheltered living situation. Such information included, for example, having belongings stolen from his site, being arrested for trespassing, needing blankets to keep warm, needing a place to get mail, and having difficulty keeping clean.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Intake Specialist

# **Section 5: Sample Letter for Use in Documenting Due Diligence to Obtain Third-Party Evidence of Homelessness**

**Homeless Verification Due Diligence**

**Participant Name:** John Doe **Date of Birth:** March 10, 1986 **HMIS ID:** 131970

**Period for which 3rd Party evidence is missing:** 4/2/20 through 6/15/20

**Instructions:**  *Intake staff must make conscientious and reasonable efforts (due diligence) to obtain third-party documentation to verify homelessness. However, an intake worker must never contact someone for third-party documentation if the individual or family believes that their health or safety will be jeopardized by contacting that person. In these instances, the intake worker must document the individual's or family's feelings and statements about this fear in the due diligence chart below and should attempt to document homelessness via an alternative third-party. If third-party documentation is not available, intake staff must document the due diligence efforts and the reasons that prevented them from obtaining third-party documentation below. CT BOS sample intake policy requires that staff make at least 3 attempts to obtain third-party verification. Self-certification is only permitted when third party verification cannot be obtained.*

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| **Documentation of Attempts to Verify Homelessness** |
| ***Describe attempts and barriers to obtaining third-party documentation:***  | ***Attempt Dates:*** |
| **Attempt #1:** Client self-certified that he was sleeping in a friend’s van during the period noted above, but that the friend has warrants. Client reported that he is afraid that if I try to contact the friend, the friend will hurt him.  | 6/11/20 |
| **Attempt #2:** Client reported that someone gave him toiletries while he was living in the van. He thinks they were from a church. Left three messages with Your Brothers’ Keeper outreach program, but they did not return the calls. | 6/11, 6/12, &6/15/20 |
| **Attempt #3:** Client reports that he ate at St. Joseph’s soup kitchen during the period. Called the soup kitchen to attempt to obtain third-party documentation of homelessness. They said they know him but are unable to verify where he was living during the period. | 6/12/20 |
| **Additional Attempts:**Looked in HMIS to determine who else has had contact with the client and may be able to verify homelessness during the period noted above. No additional avenues identified. | 6/15/20 |
| **To the best of my knowledge and ability, all information in this document is true and complete.** |
| **Intake Worker Signature:** | **Date Certified:** |
| Cynthia Ramirez | 6/15/20 |

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# **Section 6: Sample Letter for Use in Documenting Participant Self-Certification of Homelessness**

(See also page 12 for another example of a self-certification letter)

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| **Homelessness Self-Certification for PSH****Participant Name:** John Doe **Date of Birth:** March 10, 1986 **HMIS ID:** 131970 |
| **Instructions:**  *Intake staff must make conscientious and reasonable efforts (due diligence) to obtain third-party documentation of homelessness. However, an intake worker must never contact someone if the applicant individual or family believes that their health or safety will be jeopardized by contacting that person. If third-party documentation is not available, intake staff must document the due diligence efforts and the reasons that prevented them from obtaining third-party documentation. CT BOS sample intake policy requires that staff make at least 3 attempts to obtain third-party verification. Self-certification is only permitted when third party verification cannot be obtained.*  |
| **I am currently homeless, and I am currently (Check One):*** **Living in an Emergency Shelter**
* **Living in a hotel or motel paid for by government or charity**

**X Living on the street or other place not meant for living** (EXAMPLES: car, garage, park, abandoned building) **Briefly describe the place where you are currently living** (EXAMPLE: I am living in Oak Park.): I am currently living in my aunt’s shed with no heat, electricity or water.  |
| **I was previously homeless as described below (Check All that Apply):** **X Living in an Emergency Shelter****Name of Shelter: St. Francis Church Approximate dates I stayed there:** April 2020 for 1 week**Name of Shelter: Approximate dates I stayed there: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Shelter: Approximate dates I stayed there: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** **Living in a hotel or motel paid for by government or charity**

**Entity that Paid: Approximate dates I stayed there: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **X Living on the street or other place not meant for living** (EXAMPLES: car, garage, park, abandoned building)**Location:** Aunt’s shed **Approximate dates I stayed there:** June to August 2019**Location:** New Haven bus station **Approximate dates I stayed there:** 1 week Nov 2019, 1 week  January 2020**Location: Approximate dates I stayed there: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Additional Information:**  I have been homeless on and off since I returned from prison in 2016. I mostly keep to myself and don’t like to share my business. I don’t ask for help from anyone. |
| **To the best of my knowledge and ability, all information in this document is true and complete. I understand that if I provide information that I know is false my participation in CoC programs may be denied.****Client Signature:** John Doe **Date Certified:** 6/15/20 |