

THIRD PARTY HOMELESSNESS HISTORY CERTIFICATION

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

Client Name	HMIS UID	Agency Requesting Third Party Certification

I authorize the above named agency to share minimal identifying information about me and request information from the Third Party Verifier listed below for the purpose of verifying my homelessness history.

Client Signature

Date

THIRD PARTY VERIFIER	
Name and Title	Business / Agency / Organization Name
Address	Contact Number

Completed by Third Party Verifier: Specifics of Observations

*Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc. An individual simply stating they are homeless does **NOT** qualify as an observation. (Please see back for additional instructions.)

	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
1 st Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation * :
2 nd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation * :
3 rd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation * :
4 th Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation * :
Signature of Third Party Verifier			Date	

Signature of Requestor	Printed Name of Requestor	Date

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Instructions:

- List the date and location that you witnessed or provided services to the named person (use additional forms if necessary)
- If you have had 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

Examples:

- 1) A one-time service on 8/1/2021 with a Start and End Date of 8/1/2021;
- 2) A two-week stay in an emergency shelter with a Start Date of the day they entered on 8/1/2021 and an End Date of the day they exited on 8/14/2021, or if the person is still currently residing there, the End Date would be the **current date**;
- 3) Monthly use of services accessed on 6/1/2021, 7/1/2021, and 8/1/2021 with a Start Date of 6/1/2021 and End Date of 8/1/2021

- Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc.
- An individual simply stating they are homeless does **not** qualify as an observation.

Examples of Reasons You May Believe They Were Living in a Homeless Situation (not all-inclusive):

- Carrying their personal belongings with them in a way that suggested that they had no indoor location to store those belongings,
- Using the shower or other facilities at [PLACE] in a way that suggested that they had no home of their own in which to bathe or change,
- Picking up mail at [PLACE] in a way that suggested that they had no residential address at which they could receive mail

****Who can provide third-party verification:**

- Any person that has observed the individual or head of household residing in a place not meant for human habitation may complete this form for current and/or prior occasions of homelessness. This includes persons who have made the observation in either a personal (community member or business/property owner, regardless of relationship) or professional capacity (including, but not limited to, a program staff, outreach worker, service provider, law enforcement officer, or healthcare provider who encountered the individual or head of household while working).

- **Current:** To document where the individual or head of household is currently residing, the observing party must provide a date that is within 14 days of program entry/intake and the observation must have occurred at the location in which the individual or household is currently residing. (Literally Homeless)

- **Prior Occasion:** To document where the individual or head of household has resided previously, the observing party may provide a description of any and all encounters that have occurred within the last 3 years. For each observation, please provide the date and a description of the location in which the encounter occurred (see Above for instructions). Where the observing party encountered the individual or head of household on more than one occasion during a single month the observing party can provide a single description and provide the dates for each encounter in one row (i.e. 7/9; 7/17; 7/23) (Chronically Homeless)