

# SELF-CERTIFICATION OF HOMELESSNESS

The Self-Certification of Homelessness form is used to document homeless history and breaks in homelessness. If the individual or family self-certifies for more than 3 months; a completed **Homelessness History Tracking Tool** must be attached documenting due diligence in attempting to obtain third party verification.

<b>CLIENT NAME:</b>			<b>HMIS UID (or DOB):</b>
<b>Start Date</b>	<b>End Date</b> (current date if residing in same location)	<b>Location of Stay</b>	<b>Location Type</b> (Check <u>one</u> only for each instance)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): _____ <input type="checkbox"/> Institution (e.g. hospital, jail) location prior to entry: _____ <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): _____ <input type="checkbox"/> Institution (e.g. hospital, jail) location prior to entry: _____ <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
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<b>Client signature below certifies that the above information is correct</b>			
Client Signature: _____		Date: _____	

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Job Title: \_\_\_\_\_