



Verification of Homelessness – Unsheltered (Third-Party)

Client Name: _____ Client DOB: _____

DOCUMENTATION OF UNSHELTERED HOMELESSNESS

A street outreach or service provider may complete this section. Service providers include but are not limited to: doctors, therapists, counselors, case managers, law enforcement officers, food pantry/soup kitchen workers.

You can only verify homelessness at the time(s) which you encountered the applicant. For example, the applicant came to your office on 4/10/2022. At that time, he stated that he was currently living in an abandoned building and had been since 2/1/2022. You can *only* verify that he was homeless on 4/10/2022, not the previous months.

If you did NOT physically observe the unsheltered living situation of the applicant, you must also state why you believe to the best of your knowledge and based on your professional judgement that the applicant was homeless at the time of encounter.

ENCOUNTERS AT CLIENT'S UNSHELTERED LOCATION

List of Date(s) Client Encountered at Client's Unsheltered Location	Description of living situation (e.g. tent, car, park, abandoned building)

ENCOUNTERS AT SERVICE SITE LOCATION

List of Date(s) Client Encountered at Service Site	Description of service site and why you believe applicant was homeless at time(s) of encounter(s)

I certify that the information documented above is true and accurate based on my professional judgment.

Printed Name

Agency Name

Title

Telephone

Signature

Date