

Agency Verification of Homelessness

Date: _____

To: Housing Program

Re: Prospective Resident

Client Name: _____

The above referenced client has been under the care of this facility from _____
to _____

The client will had a comprehensive housing search completed prior to discharge and no subsequent residence has been identified and the client lacks resources and support networks needed to obtain housing. The resident is being referred to your agency's housing program.

The client was homeless prior to entering our facility as evidenced below:

__ 1. Residing in a supervised publicly or privately operated shelter designed to provide temporary living accommodations. _____

2. Residing in an institution that provides temporary residence for individuals intended to be institutionalized. _____

__ 3. Residing in a public or private place not designed for regular sleeping accommodations for human beings. _____

Chronic Homelessness (please check if applicable)

__ 1-year continuous homelessness or 4 episodes of homelessness in the past 3 years

Please provide evidence of homelessness ie. Notes from shelters or other agencies verifying chronic homelessness, if not available please attach Shelter Names and Dates of Admission to this letter.

Sincerely,

_____ Title _____ Date _____

Contact Phone Number _____

*****Please place this document on your agency letterhead....thank you.