THIRD PARTY HOMELESSNESS HISTORY VERIFICATION

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

Client Name	HMIS UID	Agency Requesting Third Party Verification

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):
1st Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐ Carrying large quantities of belongings or bedding items ☐ **Other Observation***:
2nd Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐ Carrying large quantities of belongings or bedding items ☐ **Other Observation***:
3rd Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐ Carrying large quantities of belongings or bedding items ☐ **Other Observation***:
4th Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐ Carrying large quantities of belongings or bedding items ☐ **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 8/1/2016 with a Start and End Date of 8/1/2016;
2) A two-week stay in an emergency shelter with a Start Date of the day they entered on 8/1/2016 and an End Date of the day they exited on 8/14/2016, or if the person is still currently residing there, the End Date would be the current date;
3) Monthly use of services accessed on 6/1/2016, 7/1/2016, and 8/1/2016 with a Start Date of 6/1/2016 and End Date of 8/1/2016

- 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.