

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 Mapping Tool** must be attached documenting due diligence in attempting to obtain third party verification.

CLIENT NAME:		HMIS UID (or DOB):	
Start Date	End Date (current date if residing in same location)	Location of Stay	Location Type (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) <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) <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) <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) <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)

Client signature below certifies that the above information is correct

Client Signature: _____	Date: _____
-------------------------	-------------

Staff Signature: _____

Date: _____

Printed Name: _____

Agency Name: _____

Job Title: _____