



THIRD PARTY HOMELESSNESS HISTORY VERIFICATION

TO BE COMPLETED BY OUTREACH WORKERS, CASE MANAGERS, EMPLOYEES OF LOCAL BUSINESSES, OR OTHER COMMUNITY MEMBERS WITH FIRSTHAND KNOWLEDGE OF A PERSON'S HISTORY OF HOMELESSNESS.

Client Name	HMIS UID

THIRD PARTY VERIFIER	
Name and Title	Business / Agency / Organization Name
Address	Contact Number

CHRONIC HOMELESSNESS IS DEFINED AS 12 MONTHS OVER THE LAST 3 YEARS. USE THE BOXES BELOW TO VERIFY ONE OF THE FOLLOWING: 12 CONSECUTIVE MONTHS **OR** AT LEAST 4 SEPARATE INSTANCES ADDING UP TO 12 MONTHS. SEE EXAMPLE ON NEXT PAGE.

Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

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.				
	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
1 st Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness firsthand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:
2 nd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness firsthand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:
3 rd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness firsthand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:
4 th Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness firsthand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:

Signature of Third Party Verifier	Date



THIRD PARTY HOMELESSNESS HISTORY VERIFICATION

TO BE COMPLETED BY OUTREACH WORKERS, CASE MANAGERS, EMPLOYEES OF LOCAL BUSINESSES, OR OTHER COMMUNITY MEMBERS WITH FIRSTHAND KNOWLEDGE OF A PERSON'S HISTORY OF HOMELESSNESS.

Client Name	HMIS UID
Sam Slamson	ABCD1234

THIRD PARTY VERIFIER	
Name and Title	Business / Agency / Organization Name
Benny Beam, Case Manager	Outstanding Outreach Organization
Address	Contact Number
1111 Kings Street, Sacramento	916-555-0000

CHRONIC HOMELESSNESS IS DEFINED AS 12 MONTHS OVER THE LAST 3 YEARS. USE THE BOXES BELOW TO VERIFY ONE OF THE FOLLOWING: 12 CONSECUTIVE MONTHS **OR** AT LEAST 4 SEPARATE INSTANCES ADDING UP TO 12 MONTHS. SEE EXAMPLE ON NEXT PAGE.

Year: 2021												Year: 2022											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X	X				X	X	X	X				

Year: 2023												Year: 2024											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		X	X	X																	X	X	X

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.				
	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
1 st Instance	Dec 2021	Jan 2022	16th/ X Street	<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input checked="" type="checkbox"/> Witnessed episode of homelessness firsthand: <input checked="" type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:
2 nd Instance	May 2022	Aug 2022	Loaves & Fishes	<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input checked="" type="checkbox"/> Witnessed episode of homelessness firsthand: <input checked="" type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:
3 rd Instance	April 2023	June 2023	9th/ J Street	<input checked="" type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input checked="" type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness firsthand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:
4 th Instance	Oct 2024	Dec 2024	9th/ J Street	<input checked="" type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input checked="" type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness firsthand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other observation*:

Signature of Third Party Verifier	Date
<i>Benny Beam</i>	<i>11/27/2024</i>