

[Insert Logo]

# Verification of Homelessness: Provider or Community Member

## Household Information

Head of Household Name			
Head of Household Date of Birth		HMIS ID (optional)	

## Provider or Community Member Information

Please complete the left or right side of the table.

<b>Housing or Service Provider</b> <i>e.g., shelter, outreach, soup kitchen worker, doctor, therapist, counselor, or other service provider</i>	<b>OR</b>	<b>Community Member</b> <i>e.g., clergy, educator, law enforcement, elected official or Miami-Dade resident or business owner</i>
Agency Name		Community Member Name
Agency Address		Community Member Phone Number
Agency Phone Number		Relationship to Individual or Household
Agency Representative Name		Other information (optional)
Agency Representative Title		

## Type of Verification and Signature

Please complete the left or right side of the table.

<input type="checkbox"/> <b>Written Verification</b> This form was completed by the agency representative or community member listed above.	<b>OR</b>	<input type="checkbox"/> <b>Oral Verification</b> The information on this form was gathered during an in-person or phone conversation with the agency representative or community member listed above.
		Case Manager/Intake Worker Name who gathered information
		HSS Provider Agency Name

To the best of my knowledge and ability, I affirm that the information provided in this document is true and complete.

Signature		
Date	/	/

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## Living Situation Information

Choose the category that best describes the household's living situation.

### Category 1

- An individual or household who lacks a fixed, regular, and adequate nighttime residence.

Choose the one following options that describes your living situation:

- Primary nighttime residence is a public or private place not meant for human habitation (i.e., car, garage, park, abandoned building, storage unit, etc.)
- Living in a publicly or privately operated shelter designated to provide temporary living arrangements
- Living in a hotel or motel paid for by a charitable organization or by a federal, state, and local government program
- Living in publicly or privately operated transitional housing designated to provide temporary living arrangements and immediately before entering this transition housing, resided in (*choose one*):
- i. An emergency shelter or place not meant for human habitation
  - ii. An institution where they resided for 90 days or less and before living there, they were living in an emergency shelter or place not meant for human habitation
- Exiting an institution where they lived for 90 days or less and immediately before entering/living there, they were living in an emergency shelter or place not meant for human habitation

### Category 4

- An individual or household who is:
- Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized; and
  - Has no other safe residence; and
  - Lacks the resources to obtain other safe permanent housing.

Briefly describe the place where the individual or household are currently living

Approximate dates in this living situation

List all months with years that the individual or household were in this living situation.

Provide any additional information regarding the living situation

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