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## 2nd Party Intake Worker Observation (based on intake conversation or intake staff observation)

**Applicant Name:**

**Intake Date:**

**Note:** This form does not constitute third-party documentation and should be used only if third-party documentation is not available.

**Instructions:** If third-party documentation is not available, a program intake worker may provide second-party documentation of the applicant's homelessness by one of two methods:

- The intake worker may go out and physically observe the applicant's place of residence.
- The intake worker may certify the applicant's homelessness in the intake worker's professional capacity based on their intake conversation with the applicant.

**INFORMATION REQUESTED: PLEASE COMPLETE ONE OF THE TWO TABLES BELOW**

*(To be completed by the intake worker)*

If the intake worker **physically observed** the applicant's place of residence:

Approximate date observed:	Location (address, name of public space, street name, landmark, etc):	Description of living conditions observed (sleeping in a car, in a tent, in the open, etc.):

If the intake worker is certifying the applicant's homelessness in the intake worker's professional capacity based on their **intake conversation** with the applicant:

Approximate date when applicant experienced homelessness:	Location where applicant was living:	Description of intake conversation with applicant and reason you believe they were living in a homeless situation:
	<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Transitional Housing for homeless persons <input type="checkbox"/> Hotel/motel paid by charitable organization or government program	

I certify that based on my physical observation or to the best of my knowledge and in my professional opinion, that the Applicant was living in a place not meant for human habitation, emergency shelter, safe haven, transitional housing for homeless persons, or hotel/motel paid by charitable organization or government program during the above time.

**Printed Name**

**Organization**

**Title**

**Signature**

**Date**

**Phone Number**

**Staff Due Diligence**

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand my declaration at intake is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt(s) made for third-party verification:*

Date of Contact	Individual/Organization Contacted	Method of Contact	Outcome of Contact

Staff Signature:

Date: