

## Homeless Observation Documentation Guidance

(Guidance for utilization of [Homeless Observation Verification Form](#))

<b>Intake Worker Observations</b>	<p><b>Third-Party</b></p> <ul style="list-style-type: none"> <li>Intake workers who <b>physically observed an applicant's current and previous living situation may provide third party documentation</b> of where an individual or head of household was living or is currently living. Documentation needs to include a description of the conditions and each observation/encounter date.</li> <li>Encounters made with the applicant in another setting (e.g. soup kitchen or drop-in center) and where the place of residence was not observed must: Specify each month encountered, the nature of the conversations during those months, and based on the intake worker's best knowledge and professional judgment that the individual or head of household was residing in a place not meant for human habitation, an emergency shelter, or in a safe haven. Reference: <a href="#">FAQ: 2758</a></li> </ul> <hr/> <p><b>2nd Party</b></p> <ul style="list-style-type: none"> <li>If an intake worker's only encounter with the applicant is at the current point in which they are seeking assistance, the intake worker's observation <u>will not qualify as third-party documentation</u>. <i>The 2<sup>nd</sup> Party Intake Worker Observation form would be used in this case.</i></li> </ul>
<b>Outreach Worker Observations</b>	<p><b>Third-Party</b></p> <ul style="list-style-type: none"> <li>Outreach workers who <b>physically observed an applicant's current and previous living situation may provide third-party documentation</b> of where an individual or head of household was living or is currently living. Documentation needs to include a description of the conditions and each observation/encounter date.</li> <li><b>Encounters made with the applicant in another setting (e.g. soup kitchen or drop-in center) and where the place of residence was not observed must:</b> Specify each month encountered, the nature of the conversations during those months, and based on the intake worker's best knowledge and professional judgment that the individual or head of household was residing in a place not meant for human habitation, an emergency shelter, or in a safe haven. Reference: <a href="#">FAQ: 2758</a></li> </ul>
<b>Housing or Service Providers (Healthcare Professionals, or Law Enforcement) Observations</b>	<p><b>Third-Party</b></p> <p>Encounter(s) with an individual or head of household, either at their residence or in another setting, can be documented by housing or service providers in their professional capacity. This documentation must specify each month the encounter occurred, include a description of the observed living conditions, OR document specific encounters with the applicant, the nature of the conversations during those months, and based on the provider's best knowledge and professional judgment, confirm that the individual or head of household was residing in a place not meant for human habitation.</p> <p>HUD considers other housing or service providers to include members of law enforcement, a healthcare professional, an educator, or another person that encountered the individual or head of household in their professional capacity and not simply as a member of the community. Reference: <a href="#">FAQ: 2760</a></p> <p><b>Note:</b> To document oral statements please use the "<a href="#">Third Party Oral Verification</a>" form</p>
<b>Other Community Member Observations</b>	<p><b>Third-Party</b></p> <ul style="list-style-type: none"> <li>An intake worker may accept as third-party documentation, the oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident (regardless of relationship with the household) who has <b>physically observed</b> where the individual or head of household is or has been residing. The intake worker must use their professional judgment to determine if the source is reliable. (a written referral by another <u>housing/service provider</u> must also be included) Reference: <a href="#">FAQ 2759</a></li> </ul> <p><b>Note:</b> To document oral statements please use the "<a href="#">Third Party Oral Verification</a>" form.</p>

## Homeless Observation Verification

**Applicant Name:**

**HMIS ID** (program use only):

Individual without dependent children  
Household with dependent children

Number of persons in the household:

**Instructions:** This form is to be **completed by an appropriate third party who can certify current and prior encounters in a place not meant for human habitation.** An encounter, also known as a contact, is an interaction that an outreach worker, intake worker, or housing/service provider has with an applicant. This interaction can include their **own physical observations of the applicant's current or prior residence or encounters with the applicant in another setting such as a soup kitchen or drop-in center.** These observations and interactions are made within the professional capacity of the worker and are used to determine, in their professional judgment, whether the applicant was residing in a place not meant for human habitation.

If documenting multiple homeless occasions (months of homelessness) a **single encounter within a month is sufficient to certify homelessness for that month as long as there is no evidence of a "break" during that month.** A break consists of 7 consecutive nights in a non-qualifying location (7 nights or more in transitional housing, staying with family or friends, other permanent housing, etc.). Each row certifies one month of homelessness.

Location of encounter (address, name of public space, street name, landmark, etc):	Description of the living conditions observed or details of encounter conversation (in another setting) that indicated applicant is or was living in a place not meant for human habitation.	Approximate date/s observed (MM/DD/YYYY):

I certify that I observed the applicant residing in the location(s) described above and/or in my professional capacity and based upon my professional judgement believe the above information to be true and complete.

<b>Printed Name:</b>	
<b>Job/Title/Other:</b>	
<b>Organization (If applicable):</b>	
<b>Signature:</b>	<b>Signature Date:</b>