

Third Party Oral Homeless Verification

This document is to be used to record oral third-party verification of homeless status

Applicant Name:	HMIS ID:
<input type="checkbox"/> Individual without dependent children <input type="checkbox"/> Household with dependent children	
Number of persons in the household:	
Third-Party Oral Verification	
<p>I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for CoC assistance but cannot obtain source documents. Below I am providing details of <i>oral third-party verification</i> of eligibility and certifying all statements to be true, accurate, and complete.</p> <p>The following oral statement is being recorded in writing to qualify the applicant mentioned above under the following homeless category</p> <p> <input type="checkbox"/> Category 1: Literally Homeless <input type="checkbox"/> Category 2: Imminently at Risk of Homelessness <input type="checkbox"/> Category 4: Fleeing/Attempting to Flee Domestic Violence </p> <p>Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (Relevant Third-Party Representative).</p> <p>Verification of homelessness was provided:</p> <p> <input type="checkbox"/> Over the phone <input type="checkbox"/> In person </p> <p>The following information was provided regarding the CoC applicant's homeless status, victim status, and available resources (Make sure to include details regarding qualifying location type, description of living conditions, duration of stay, reported victim status, and/or resources available or not available to the individual or household. Provide enough detail to confirm applicant meets all eligibility criteria as defined Under Category 1,2 or 4 of HUD's Homeless Definition).</p>	

Intake Staff Certification	
Staff Printed Name:	Staff Signature:
Date:	Staff Title:
Agency Name:	Agency Email Address: