



# Community Member Verification of Homelessness Permanent Supportive Housing

Client Name: \_\_\_\_\_

HMIS Number: \_\_\_\_\_

**Instructions:** Use this form to document a client's homeless status from a member in the community such as; a store employee who witnesses client sleeping in front of their store, security guard of a building that allows client to warm up in the lobby, neighbor who witnessed client sleeping in abandoned home, mental health provider, soup kitchen, etc.

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I certify that I have witnessed \_\_\_\_\_ (client name) staying in a place not meant for human habitation, such as; streets, park, bus station, abandoned house, or car. I know this person to be homeless during the following time:

Between: \_\_\_\_/\_\_\_\_/\_\_\_\_ and: \_\_\_\_/\_\_\_\_/\_\_\_\_ (use additional time frames if needed)

Between: \_\_\_\_/\_\_\_\_/\_\_\_\_ and: \_\_\_\_/\_\_\_\_/\_\_\_\_

Between: \_\_\_\_/\_\_\_\_/\_\_\_\_ and: \_\_\_\_/\_\_\_\_/\_\_\_\_

Between: \_\_\_\_/\_\_\_\_/\_\_\_\_ and: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location:

Outdoors     Abandoned Home     Vehicle     Other: \_\_\_\_\_

Details regarding client's homelessness; including what you have witnessed, where they are staying, how long you've know the client, when you became aware they were homeless, and any other relevant details:

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Community Member Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Community Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relation or Business Name (if you engaged client at your place of employment): \_\_\_\_\_

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Client Name: \_\_\_\_\_

HMIS Number: \_\_\_\_\_

Navigator: \_\_\_\_\_

Agency: \_\_\_\_\_

Navigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_