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| **Verification of Residing in Place Not Meant for Human Habitation****To Be Printed on Verifying Agency Letterhead** |

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| Instructions: This form should be used by outreach workers, or other staff, who are verifying that a person is residing in a place not meant for human habitation. It is preferred, but not required, that at least 2 visits be made to this location to verify that the person is residing there. |

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

Client Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 digits of Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_

1st Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if a second visit is made)

This location is a place not meant for human habitation and is a:

[ ]  Vehicle [ ]  Abandoned Building

[ ]  Park [ ]  Bus Station/Bus Shelter

[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Under Expressway Overpass

Location:

Condition of Location:

This form acts as verification of homelessness as certified by an outreach worker. The individual has been verified as residing at the above location that is not meant for human habitation.

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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