

**PHILADELPHIA CONTINUUM OF CARE
WRITTEN THIRD PARTY VERIFICATION OF HOMELESSNESS**

Applicant Name:	Date of Birth: / /	Last 4 SSN Digits:
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The above named individual is seeking placement into Transitional (TH), Permanent (PH), Rapid Re-housing (RRH), and/or Permanent Supportive Housing (PSH). Documentation of the applicant's occasions of homelessness is required to determine eligibility.

Please provide one of the following acceptable types of written third party verification of homelessness:

1. A print-out / screenshot from HMIS that includes the applicant's name and dates of enrollment in the agency's program.
 2. A print-out from the street outreach database with the relevant contacts highlighted. Only outreach contacts identified as "Response" and "Outreach" can be used to document homelessness.
 3. The attached Written Third Party Verification of Homelessness Form. **If the applicant stayed at more than one program, a separate form must be completed by each program.**
 4. A letter written on agency letterhead which documents the applicant's homeless occasion. The letter must be dated and must contain all of the requested information on this form, including the name, title, and signature of the staff person.
 - For Verification of Stay(s) in a Program, the letter must include:
 - i. The applicant's entry and exit dates
 - ii. The type of program: Emergency Shelter (includes Journey of Hope Programs), Safe Haven, Rapid Rehousing, or Transitional Housing.
 - For Verification of unsheltered homelessness (stays in places not meant for human habitation, e.g. car, park, bus station, abandoned building), the letter must include:
 - i. The date(s) you encountered the applicant
 - ii. The location of the encounter
 - iii. A description of the applicant's unsheltered living conditions
 - iv. If you did not encounter the applicant at the unsheltered location, you must state why you believe to the best of your knowledge and based on your professional judgment that the applicant was homeless at the time of the encounter.
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Instructions: Please complete the section of this form that corresponds to the type of occasion you are verifying. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. **Please complete EITHER Section I OR Section II. Section III MUST be completed in all circumstances.**

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Section I: Documentation of Unsheltered Living Situation

A Street Outreach or Service provider may complete this section. Service providers include but are not limited to: doctors/therapists/counselors/case managers, law enforcement officers, food pantry/soup kitchen workers.

You can only verify homelessness at the time in which you encountered the applicant. For example, the applicant came to your office on 8/12/2016. At that time, he stated that he was currently living in an abandoned building and had been since 5/1/2016. You can only verify that he was homeless on 8/12/2016, not the previous months.

If you did **NOT** physically observe the unsheltered living situation of the applicant, you must complete PART A **and** PART B.

PART A: Documentation of Unsheltered Living Situation
You may list additional encounters on a separate piece of paper, if needed.

Date(s) I Encountered the Applicant	Location of Encounter	Location and Description of Unsheltered Living Situation (e.g. car, park, street, bus station, abandoned building)
/ /	<input type="checkbox"/> Service Setting (e.g. doctor's office, police station) <input type="checkbox"/> At the Applicant's Unsheltered Living Situation	
/ /	<input type="checkbox"/> Service Setting (e.g. doctor's office, police station) <input type="checkbox"/> At the Applicant's Unsheltered Living Situation	
/ /	<input type="checkbox"/> Service Setting (e.g. doctor's office, police station) <input type="checkbox"/> At the Applicant's Unsheltered Living Situation	

PART B: Documentation of Unsheltered Living Situation

For all listed encounters that occurred at a **service setting**, you must state why you believe to the best of your knowledge and based on your professional judgment that the applicant was homeless at the time of the encounter.

Date(s) I Encountered the Applicant	Explanation of why I believe the Applicant was homeless at the time of the encounter:
/ /	
/ /	
/ /	

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Section II: Documentation of Stay(s) at a Program	
The above named individual stayed at _____ (Program Name) during the following time period(s) within the last 3 years (start with the most recent period, if there is more than one occasion): <i>*If the applicant stayed at more than one program, a separate form must be completed by each program.</i>	
Entry Date (MM/DD/YY):	Exit Date (MM/DD/YY):
/ /	/ / or <input type="checkbox"/> Currently staying at facility/program
/ /	/ /
/ /	/ /
/ /	/ /
This facility/program is classified as <u>one</u> of the following:	
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Emergency Housing, includes Journey of Hope Programs	<input type="checkbox"/> Rapid Re-housing

Section III. Verifying Agency/Person	
I certify that the information documented above is true and accurate.	
Printed Name:	Signature:
Date: / /	Title:
Organization:	Address:
Phone:	Email Address: