

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

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.**

Applicant Name: John Doe	Date of Birth: 10/10/1950	Last 4 SSN Digits: 2222
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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)
3/5/2016	<input type="checkbox"/> Service Setting (e.g. doctor's office, police station) <input checked="" type="checkbox"/> At the Applicant's Unsheltered Living Situation	Park located at the corner of 3 rd and Main Streets
6/7/2016	<input checked="" type="checkbox"/> Service Setting (e.g. doctor's office, police station) <input type="checkbox"/> At the Applicant's Unsheltered Living Situation	Park located at the corner of 3 rd and Main Streets
/ /	<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:
06/07/2016	Mr. Doe reported that he was still residing at 3 rd and Main Street when he came to our main office on 6/7/2016 to check on the status of his housing application.
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/ /	

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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: Jane Michaels	Signature:
Date: 10/12/2016	Title: Case Manager Supervisor
Organization: Philly Services	Address: 1254 Tree Street Philadelphia, PA 19111
Phone: 215-333-3333	Email Address: jmichaels@housing.org