

# Homelessness Verification Form

NAME:	CASE NUMBER:
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**PLEASE READ INSTRUCTIONS CAREFULLY.** You must complete Block 1 in order to receive additional supportive services. You must complete **ONE of the following BLOCKS (2, 3, or 4)**. Use Block 2 OR 3 when verification is available. Use Block 4 when verification is not readily available to affirm your family is experiencing homelessness. The ELRC will complete Block 5 and will provide you with a copy of this completed form indicating which additional supportive service(s) you will receive.

## 1. REQUEST FOR ADDITIONAL SUPPORTIVE SERVICES

I, \_\_\_\_\_, request additional supportive services to help my family since we are experiencing homelessness. I am specifically requesting a waiver of the following ELRC program requirements (Specify below):

\_\_\_\_\_

The ELRC asked me to provide verification to support my claim that my family is experiencing homelessness. I have cooperated in providing verification as indicated below.

## 2. RECORDS

I submit one of the following, if available:

<input type="checkbox"/> Social service records	<input type="checkbox"/> Medical/treatment records
<input type="checkbox"/> School records	<input type="checkbox"/> Other (specify): _____

## 3. AUTHORIZATION / VERIFICATION BY A THIRD PARTY

I authorize \_\_\_\_\_ to complete the verification below and to provide it to the Department of Human Services / Early Learning Resource Center (ELRC) for the purposes of verifying my request for additional supportive services.

\_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This statement is submitted by: \_\_\_\_\_ (Name & Title)

\_\_\_\_\_ (Organizational Affiliation)

\_\_\_\_\_ (Address & Telephone Number)

I am:

<input type="checkbox"/> Social service provider	<input type="checkbox"/> Medical / psychological service provider
<input type="checkbox"/> School representative	<input type="checkbox"/> Legal representative
<input type="checkbox"/> Friend / relative / acquaintance	<input type="checkbox"/> Other (Specify): _____

I have knowledge of the client's experience with homelessness and would like to request the additional supportive services checked above. I do not have and am unable to provide evidence to verify homelessness.

\_\_\_\_\_ THIRD PARTY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 4. SELF-AFFIRMATION

I affirm that my family is experiencing homelessness and would like to request the additional supportive services checked above. I do not have and am unable to provide evidence to verify homelessness.

\_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 5. ELRC DECISION

<input type="checkbox"/> ELIGIBLE for supportive services	<input type="checkbox"/> NOT ELIGIBLE for supportive services
_____	_____
ELRC REPRESENTATIVE SIGNATURE	DATE