Homelessness Verification Form

pennsylvania
DEPARTMENT OF HUMAN SERVICES

NAME:

CASE NUMBER:

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:

☐ Social service records   ☐ Medical/treatment records

☐ School records   ☐ 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:

☐ Social service provider   ☐ Medical / psychological service provider

☐ School representative   ☐ Legal representative

☐ Friend / relative / acquaintance   ☐ 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

☐ ELIGIBLE for supportive services   ☐ NOT ELIGIBLE for supportive services

_____   _____
ELRC REPRESENTATIVE SIGNATURE   DATE   CD 339 8/17