

Chronically Homeless Third Party Verification – page 2

Instructions: Please provide verification on letterhead stationery. This recommended template can be copied onto letterhead or recreated with the same content and printed on letterhead.

Certification

I certify that _____ stayed at _____
(Client's Name) (Facility/ Program Name)

for the following period of time:

(1) between: _____ / _____ / _____ and : _____ / _____ / _____
(2) between: _____ / _____ / _____ and : _____ / _____ / _____
(3) between: _____ / _____ / _____ and : _____ / _____ / _____
(4) between: _____ / _____ / _____ and : _____ / _____ / _____

Additional detail about the client's episodes of homelessness may be written below.

Before coming to this facility, the homeless person resided at _____.

This facility is classified as one of the following types of facilities/programs:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Mental Health Institution |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Permanent Housing | <input type="checkbox"/> Substance Abuse Facility |
| <input type="checkbox"/> Medical Institution | <input type="checkbox"/> Other: _____ |

Signature: _____ Date: _____
(Signature of Facility Staff)
Title: _____ Phone: _____