

**Memphis/Shelby County Continuum of Care
Verification of Homelessness – Self-Certification**

Client Name:	Client DOB:
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Self-Certification of Homelessness

This self-certification form can be used to document homeless history or breaks in homelessness. **This form only needs to be completed for homelessness that cannot be documented by a third-party.** Documentation showing due diligence of obtaining third-party verifications by staff and the outcomes or obstacles must be provided for occasions of homelessness and stays in institutions. Except in limited circumstances, **no more than 3 months** of homelessness should be documented with self-certification.

Start (MM/DD/YY):	End (MM/DD/YY):	Location Type	Location of Stay (Agency/Program name or general description)
/ /	/ /	<input type="checkbox"/> Unsheltered <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing	
/ /	/ /	<input type="checkbox"/> Unsheltered <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing	
/ /	/ /	<input type="checkbox"/> Unsheltered <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing	

Any other relevant information about homeless history (*attach additional sheets if necessary*):

Client Certification:

I certify that the information documented above is true and accurate.

Client Signature:	Date:
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Staff Efforts to Obtain Third-Party Verification

I made the following efforts to obtain third-party verification of client’s self-certified occasion(s) of homelessness (*attach additional sheets if necessary*):

Staff Certification:

I certify that the information documented above is true and accurate.

Printed Name:	Agency Name:
Title:	Telephone:
Signature:	Date: