**Verification of Homelessness or HMIS Entry**[only for members serving clients experiencing homelessness]

**Household Identifier or Code Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate which situation described below best describes the situation of the household unit you are serving and have your site supervisor confirm via signature. This is to confirm the household’s eligibility to be counted under our AmeriCorps program’s performance measures.

\_\_\_\_\_\_\_\_\_\_ **HMIS Entry**

\_\_\_\_\_\_\_\_\_\_ **A place not meant for human habitation, such as cars, parks, sidewalks, abandoned**

**buildings (on the street)**

\_\_\_\_\_\_\_\_\_\_ **An emergency shelter**

\_\_\_\_\_\_\_\_\_\_ **A transitional or supportive housing program**

\_\_\_\_\_\_\_\_\_\_**In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.**

\_\_\_\_\_\_\_\_\_\_ **Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.**

\_\_\_\_\_\_\_\_\_\_\_ **Is being discharged within a week from an institution, such as a mental health or**

**substance abuse treatment facility or a jail/prison,** in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

\_\_\_\_\_\_\_\_\_ **Is fleeing a domestic violence housing situation, no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.**  Statement from the participant that they are fleeing a domestic violence situation. If participant is unable to prepare a written statement, staff should prepare the statement about the participant’s previous living situation and have the participant sign and date it. The applicant is hereby certified to be homeless according to the above conditions.

**Verified by service site employee (not AmeriCorps Member):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_