

HVRP Manual Sample Forms

This a sample form and does not mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.

HOMELESS CERTIFICATION

Applicant Name: _____

(Complete one form for household)
Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground, or other situation that demonstrates homeless (Explain).

Description of current living situation: _____

Signature: _____ Date: _____

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in a supervised publicly or privately operated shelter as follows: _____

Emergency Shelter Program Name: _____

Verification Received: _____

Signature: _____ Date: _____

Living Situation: Transitional Housing

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless such as a Veteran's GPD program.

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Transitional Housing Program Name:

Verification Received: _____

Signature: _____

Date: _____