

Intake Form – Verification of Homelessness

Attachment C

The United States Code contains the official federal definition of homeless. In Title 42, Chapter 119, Subchapter I, homeless is defined as:

§11302. General definition of homeless individual

(a) In general

For purposes of this chapter, the term “homeless” or “homeless individual or homeless person” includes—

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is —
 - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(b) Income eligibility

1. In general

A homeless individual shall be eligible for assistance under any program provided by this chapter, only if the individual complies with the income eligibility requirements otherwise applicable to such program.

2. Exception

Notwithstanding paragraph (1), a homeless individual shall be eligible for assistance under title I of the Workforce Investment Act of 1998 [29 U.S.C. 2801 et seq.].

(c) Exclusion

For purposes of this chapter, the term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

Complete the attached two-page Verification Form and maintain in client case file for audit purposes.



Homeless To Work - Verification of Homelessness

The information below is for the following applicant (please print clearly):

Name: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

Verification of Homeless Status

Please mark the appropriate box(es) below and attach the required information. Please do not submit this form without attaching the required paperwork.

Applicant is currently:	Required verification:
<input type="checkbox"/> Residing in an Emergency Shelter.	Letter from the emergency shelter where the individual is residing.
<input type="checkbox"/> Living on the street or in places not meant for human habitation.	Letter from service provider stating that person is living on the street or in places not meant for human habitation.
<input type="checkbox"/> Being discharged from a short-term stay (less than 30 days) at an institution, and prior to admission to the institution was living in the streets or at an emergency shelter. The institution is: <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, Prison, Juvenile Facility <input type="checkbox"/> Psychiatric Hospital or Facility <input type="checkbox"/> Substance Abuse Treatment Center	1) Letter from institution stating the person's length of stay, and 2) Letter from service provider stating that prior to admission to the institution the person was living in the streets or at an emergency shelter
<input type="checkbox"/> Being discharged from a long-term stay from an institution and lacking the resources and support networks needed to obtain access to housing. The institution is: <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, Prison, Juvenile Facility <input type="checkbox"/> Psychiatric Hospital or Facility <input type="checkbox"/> Substance Abuse Treatment Center	1) Letter from institution stating the person's length of stay, and 2) Letter from service provider stating that prior to admission to the institution the person was living in the streets or at an emergency shelter
<input type="checkbox"/> Living in transitional/supportive housing, but having come from living in the streets or emergency shelter.	Letter from the transitional/supportive housing agency stating that the person is: 1) Currently residing in transitional/supportive housing and, 2) Was living in the streets or emergency shelter when they were admitted to the transitional/supportive housing.
<input type="checkbox"/> Being evicted within a week from a private dwelling and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.	1) Copies of court papers showing the status of the eviction, and 2) A letter for the service provider stating that the person has no subsequent residence identified and lacks the resources and support networks needed to obtain access to housing.
<input type="checkbox"/> Living temporarily with a <input type="checkbox"/> friend or <input type="checkbox"/> family member (check one), but is not a party to a lease, rental agreement, or deed, and lacks his/her own permanent residence.	Letter from service provider stating that person is living with a friend/family member and is not a party to a lease, rental agreement, or deed and lacks his/her own permanent residence.
<input type="checkbox"/> Not homeless according to one of the above definitions.	

Please continue to next page ➡



