



## Client Statement of Homelessness

I \_\_\_\_\_ (name), date of birth \_\_\_\_\_,  
verify that me and my children listed below are currently homeless.

Parent name: \_\_\_\_\_ SS#: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: Hispanic/Latino? Y/N (circle one)

Are you a veteran? Y/N (circle one)

Health Insurance Type: Private/State (government) (circle one)

Parent: do you have a disability? Y/N (circle one)

{If you have a disability please describe: \_\_\_\_\_}

{How was your disability verified? (i.e. doctor, receive SSI payments, etc) \_\_\_\_\_}

Single parent? Y/N (circle one)

First time homeless? Y/N (circle one)

### Children:

Health Insurance Type for all children: Private/State (government) (circle one)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: Hispanic/Latino? Y/N (circle one)

Disability? Y/N (circle one) If yes, please describe: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: Hispanic/Latino? Y/N (circle one)

Disability? Y/N (circle one) If yes, please describe: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: Hispanic/Latino? Y/N (circle one)

Disability? Y/N (circle one) If yes, please describe: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: Hispanic/Latino? Y/N (circle one)

Disability? Y/N (circle one) If yes, please describe: \_\_\_\_\_

Continued on back, signature required ----->

**Income sources (including non-cash sources such as food stamps, etc):**

1. \_\_\_\_\_ Amount/month: \_\_\_\_\_
2. \_\_\_\_\_ Amount/month: \_\_\_\_\_
3. \_\_\_\_\_ Amount/month: \_\_\_\_\_
4. \_\_\_\_\_ Amount/month: \_\_\_\_\_

Where did your family stay last night? \_\_\_\_\_

How long have you been staying there? \_\_\_\_\_

Previous permanent living situation: \_\_\_\_\_

Length of time: \_\_\_\_\_

Zip code of last permanent address: \_\_\_\_\_

Are you dealing with a domestic violence situation at this time? Y/N (circle one)

If yes, please state how long you have been dealing with this issue:

\_\_\_\_\_

Please check as applicable: (self-declaration of homelessness)

- \_\_\_\_\_ I am currently homeless
- \_\_\_\_\_ I am fleeing a domestic violence situation
- \_\_\_\_\_ I am currently residing in a shelter - Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Staff Use Only:** Due diligence to confirm statement of homelessness:

- A. HMIS Confirmation: ID # \_\_\_\_\_
- OR**
- B. Third Party Confirmation/Shelter Referral:
  - i. Written Referral: Copy on File \_\_\_\_\_ (please check when complete)
  - ii. Verbal Confirmation: Shelter Name, Phone Number and Worker Name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_