**Professional Assessment of Living Situation – SAMPLE LETTER**

**\*\*\*IMPORTANT, PLEASE READ\*\*\***

Please provide verification of homelessness on ***your agency letterhead***. The recommended template below may be copied onto letterhead or recreated with the key content and printed on letterhead.

*The federal department of Housing and Urban Development (HUD) requires verification of homelessness and chronic homelessness for some specific programs. This form should be utilized to verify homelessness for months in which a service provider, acting in their official capacity, had an encounter with a client and based on their knowledge and professional opinion, believe that the individual or head of household was living in a place not meant for human habitation, an emergency shelter/motel voucher program, or a safe haven at the time of the encounter. The service provider may have physically observed the individual living in a place that is consistent with the HUD definition of literal homelessness, or they may have had an encounter in another setting and during that encounter there was evidence that led the service provider to conclude that the individual was living in a situation consistent with the HUD definition of literal homelessness.*

*One encounter within a month is sufficient to verify homelessness for the entire calendar month. Service providers include outreach workers, housing navigators, healthcare professionals, members of law enforcement, and case managers.* **For each location that you can verify the applicant was living, complete all information requested. At least one observation per month is required by HUD for a person to be considered literally homeless during that month.**

-------------------------COPY SECTION BELOW ON TO AGENCY LETTERHEAD OR USE SIMILAR TEXT ON AGENCY LETTERHEAD----------------

Applicant Name: Date of Birth:

HMIS ID (if known):

**For each location in which the applicant was living, complete all information requested.**

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| --- | --- | --- | --- | --- |
| Location of encounter (encampment location, cross streets, name of clinic, address, office location, etc.): | Statement detailing the aspects of the interaction that indicated the Applicant was experiencing homelessness at the time of the encounter (for example, physicalobservation of the Applicant’s living situation, Applicant explained their living situation, Applicant was carrying their belongings with them, Applicant seemedstressed about their living situation, etc.): | Presumed location Applicant was living (address, name of public space, street name, landmark, etc.): | Presumed living situation of Applicant (in car, in a tent, on the street, in emergency shelter etc.): | Date of encounter: (MM/DD/YYYY) |
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I certify that information described above is accurate and that, based on my professional opinion, the applicant was experiencing homelessness at the time of the encounter(s).

Printed Name: Organization:

Title/Role: Phone #: E-mail:

Signature: Date: