

***Please note:** This form can only be used by one of the approved provider agencies explicitly listed below, for a day in which the outreach worker physically observed the Prospective Applicant residing in a place not meant for human habitation. At least one encounter during the month counts as documentation of homelessness for the entire month, unless there is documentation (i.e. CSP Entry/Exit record or discharge documentation) to the contrary.

Unified Supportive Housing System (USHS) Verification of Street Homelessness Form					
☐ Southeast RREACT	☐ Make-A-Day Foundation	☐ Open Shelter	☐ Reeb Center		
☐ Mt. Carmel Street Medicine	☐ Sanctuary Night	☐ Jordan's Crossing	☐ Southside Thrive		
☐ Columbus Relief					
Date Observation Occurred:	CSP# If known/applicable	Alias if Not in CSP			
Name					
What zip code and region does the Prospective Applicant reside in?					
		☐ North ☐ East	☐ South ☐ West	☐ NE ☐ SE	☐ NW ☐ SW
		☐ Central /DWNTW N			
1. Outreach Only: Did you <u>physically observe</u> the Prospective Applicant physically residing in a place not meant for human habitation on the date recorded above?					
☐ No ☐ Yes					
1a. If you checked "Yes", please check where you physically observed the client residing this month:		☐ Car/Truck/RV ☐ Park ☐ Camp/Tent ☐ Sidewalk ☐ Abandoned building ☐ Other _____			
1b. If you checked "No", you are unable to use this form to document this Prospective Applicant's homeless status.					
2. Outreach Only: Has the Prospective Applicant spent any part of this month in emergency shelter or transitional housing? (Based on CSP Entry/Exit Record if known)		☐ No ☐ Yes		2a. If yes, list any gaps in street homelessness below <u>and</u> attach a CSP print out if applicable:	
3. Outreach Only: Has the Prospective Applicant spent any part of this month in an institutional setting? (i.e. Jail, Prison, Nursing Home, Treatment Center, Psychiatric or Medical Hospital if known.)		☐ No ☐ Yes		3a. If yes, list gaps in street homelessness below <u>and</u> attach discharge paperwork from the institutional setting if applicable:	

3a. If you checked “ Yes ”, to the question above, what type of setting was the Prospective Applicant in this month?	☐ Inpatient Medical Hospital ☐ Prison/Jail ☐ Inpatient Psychiatric Hospital ☐ Nursing Home ☐ Treatment Center ☐ ADAMH Netcare Crisis Stabilization Unit (CSU) ☐ ADAMH Netcare Miles House ☐ ADAMH Residential Care Facility (RCF)	
4. Outreach Only: To your knowledge, has the Prospective Applicant spent any part of the month housed? (For Example: Staying with family or friends, couch surfing, etc.)	☐ No ☐ Yes	If yes, please ask the <i>Prospective Applicant</i> to document breaks in homelessness of at least 7 days or more on the Self-Certification of Break in Homelessness Form .

I certify that all of the information provided above is true and complete, to the best of my knowledge and based on my professional judgement. Fraud is investigated by the Department of HUD, Office of Inspector General, and may be punished under Federal Laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. I am aware that if these certifications are found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions.

Outreach Provider Signature

Date

Outreach Provider Printed Name

Unified Supportive Housing System (USHS) Self-Certification of Break in Homelessness Form			
First Name	Last Name	Alias/Maiden Name	Date of Birth (MM/DD/YYYY)
1. In your own words, please describe the location where you spent your break in homelessness:			
2. During what dates did your break in homelessness occur?	Start Date: _____ End Date: _____		

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Client Signature

Date

Client's Printed Name