

*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					
<input type="checkbox"/> Capital Crossroads		<input type="checkbox"/> SE PATH		<input type="checkbox"/> VOA SSVF	
<input type="checkbox"/> Mt. Carmel Outreach		<input type="checkbox"/> LSS SSVF		<input type="checkbox"/> VA Outreach	
				<input type="checkbox"/> Huck House Outreach	
				<input type="checkbox"/> YMCA YHDP/RRH	
				<input type="checkbox"/> HFF YHDP	
Date Observation Occurred:		CSP#		Alias if Not in CSP	
Name					
What zip code and region does the Prospective Applicant reside in?					
			<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> NE
			<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> SE
				<input type="checkbox"/> NW	<input type="checkbox"/> SW
					<input type="checkbox"/> 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?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
1a. If you checked "Yes", please check where you physically observed the client residing this month:			<input type="checkbox"/> Car/Truck/RV <input type="checkbox"/> Park <input type="checkbox"/> Camp/Tent <input type="checkbox"/> Sidewalk <input type="checkbox"/> Abandoned building <input type="checkbox"/> 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)			<input type="checkbox"/> No <input type="checkbox"/> Yes		2a. If yes, list any gaps in street homelessness below <u>and</u> attach a CSP print out:
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.)			<input type="checkbox"/> No <input type="checkbox"/> Yes		3a. If yes, list gaps in street homelessness below <u>and</u> attach discharge paperwork from the institutional setting:

<p>3a. If you checked “Yes”, to the question above, what type of setting was the Prospective Applicant in this month?</p>	<input type="checkbox"/> Inpatient Medical Hospital <input type="checkbox"/> Prison/Jail <input type="checkbox"/> Inpatient Psychiatric Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Treatment Center	<input type="checkbox"/> ADAMH Netcare Crisis Stabilization Unit (CSU) <input type="checkbox"/> ADAMH Netcare Miles House <input type="checkbox"/> ADAMH Residential Care Facility (RCF)
<p>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.)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p>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.</p>

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