

Homeless Verification Form

Name of Individual _____

Referring Person: _____

Referring Agency: _____

I certify that the individual being referred to Legal Action of Wisconsin, Inc., is homeless in accordance with HUD's definition. The individual resides:

___ In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (Signed Client statement is required)

___ In an Emergency Shelter. Name of Shelter: _____
Address: _____

___ In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. (Documentation of homelessness required)

___ In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution. (Documentation of length of stay required)

___ Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (Documentation of Eviction and client statement required)

___ Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (Documentation required)

___ Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (Client Statement required).

Name and Title of Individual Making referral _____
(please print)

Signature: _____ Date: _____

Guest Signature: _____ Date: _____

- Documentation of individual's place of residence, length of stay, and inability to obtain housing may be required.