

Homelessness Verification

Client's Name: _____ DOB: _____

Case Manager Name/Agency: _____

Does your Agency Have Access to HMIS: Yes No

Date of Last Coordinated Intake: _____

Needs Coordinated Intake (circle one): Y or N

Please document current homeless episode and then proceed in chronological order:

1 Date: _____ to _____ Location: _____ #Days _____

2 Date: _____ to _____ Location: _____ #Days _____

3 Date: _____ to _____ Location: _____ #Days _____

4 Date: _____ to _____ Location: _____ #Days _____

5 Date: _____ to _____ Location: _____ #Days _____

6 Date: _____ to _____ Location: _____ #Days _____

Total # Days _____

*If applicant has had more than 6 episodes of homelessness over the last 3 years, please use additional sheets.

Please check court dockets to ensure that no episode listed above overlaps with a stay in jail/prison/institution.

Please use [this link](#) for calculation assistance.

Please check one of the following:

Applicant is Chronically Homeless

- Client has been homeless for at least 365 consecutive days
- Client has at least 4 episodes of literal homeless in the last 3 years (days must add up to 365)

Applicant is not Chronically Homeless

Case Manager's Signature: _____ Date: _____

Please complete this form in its ENTIRETY and upload into the FILES section of the participant's HMIS record. Email Danette Nagle (danette.nagle@frontlineservice.org) and Nicole Eggert (nicole.eggert@frontlineservice.org) once uploaded.