

**BEHAVIORAL HEALTH ADMINISTRATION
Homeless I.D. Project SFY 2024 APPLICATION
Documentation of Homelessness**

Please use the following space to describe the applicant's current living situation. If the applicant is currently in the detention center, please describe their living situation prior to incarceration.

If the applicant is currently residing in a shelter, transitional housing program, or other temporary housing facility additional documentation of homelessness, i.e. letter on agency letterhead must be included with this form.

Self-Verification (Brief statement from client saying he/she is homeless or at-risk of losing his/her housing):

(Please ask the Applicant these questions):

1. Where do you typically stay at night? _____

2. Do you know the name of the shelter or housing program where you stay?

3. Do you work with any of the outreach teams or case management programs? If Yes, do you know the name of the agency or the worker you see?

I certify that the information provided regarding my homeless status is accurate and true.

Date: _____ **Signed:** _____ (Applicant)

Date: _____ **Witness:** _____