

**BEHAVIORAL HEALTH ADMINISTRATION  
Homeless I.D. Project SFY 2025 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):**

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**(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?

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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?

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

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ (Applicant)

**Date:** \_\_\_\_\_ **Witness:** \_\_\_\_\_