

Homeless Identification Form

Please mark the homeless situation that best describes how the client identifies their current situation

_____ In a place not meant for human habitation, such as a car, parks, sidewalks, abandoned buildings, on the street

_____ In an emergency shelter

_____ In any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution

_____ Is couch hopping or doubling up with another household

_____ Trafficking

_____ Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation

_____ Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lack resources and support networks needed to obtain housing

_____ Just released from a correctional facility and their former residence is no longer available or habitable

_____ Currently living in a transitional or supportive housing program, but was homeless before entering the program

_____ Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks resources and support networks to obtain housing

You must check one of the above and complete the blanks below:

Agency signature and date

Agency Name and contact information

Client name

Client signature and date

If you are self-identifying, please check the box