Category 1 Homeless Verification: Form RRH 1

To be used by homeless service providers verifying client's Category 1 homeless status. Category 1 Homelessness includes places not meant for human habitation, Emergency shelters, and hotels paid by agencies, or exiting institutions where client stayed less than 90 days and resided in an ES or streets prior to entering that institution.

Client name:		
	(Print)	
Location of:		Orange 🗆 Seminole 🗆 Osceola 🗆
Engagement	(Address.)	C C

Where did client/household sleep last night?

□ Place not meant for human habitation (home with no utilities, shed, vehicle, on the streets, etc.):

 \Box In an Emergency Shelter that <u>does not use HMIS</u> (does not include Transitional Housing): If so, a letter from the shelter with client's entry and exit dates is required.

 \Box In hotel/motel paid by an agency (does not include family or friends paying hotel): Please attach a letter from agency verifying any start and ends dates for payments made.

 \Box Institution for less than 90 days AND resided in ES or streets prior to institution entry: Please attach discharge paperwork noting client's entry and exit dates.

Please describe their living conditions and what evidence you observed that verifies this as being true and correct?

By signing below, I confirm that I have done my due diligence to verify the living conditions of the above client for the purpose of qualifying for housing assistance and certify that they meet HUD criteria for Category 1 homeless definition.

Printed Name of Worker Completing this form

Date

Signature of Worker Completing this form

Client Signature

Title/Role

Organization Name and Phone Number

Updated 07/31/2019