

EMERGENCY FINANCIAL ASSISTANCE (EFA) PROGRAM HOMELESSNESS VERIFICATION FORM

Applicant's Name: _____

Please check the applicant's current homelessness status and provide the appropriate verifying documentation:

Current Homeless Status	Attached Documentation
<input type="checkbox"/> An individual living in a homeless shelter	Written certification from a shelter social worker/case manager/outreach worker on agency letterhead.
<input type="checkbox"/> An individual living in a transitional housing program for homeless persons	Written certification from the agency social worker/case manager to include applicant's homeless status before program entry.
<input type="checkbox"/> An individual living on the street or places not meant for human habitation	Written verification from an outreach worker/case manager certifying that the applicant is homeless.
<input type="checkbox"/> An individual being discharged from a longer stay in an institution (ex: mental health hospital, halfway house, substance abuse treatment program)	Written documentation from the institution verifying that the applicant will be homeless within one week of his/her discharge date and the reason applicant will be homeless; and an explanation of efforts made to obtain housing,

I confirm that I meet one of the homelessness definitions above. I understand that I must also submit the appropriate documentation to verify my homelessness status.

Applicant's Signature: _____ Date: _____