**HOMELESS VERIFICATION AND REFERRAL FORM**

**Name of Individual:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Date of Birth** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Homeless episode not available in the HMIS**

*□* I observed the above referenced individual or head of household sleeping in a place not meant for human habitation, such as a car,

park, sidewalk, or abandoned buildings.

|  |  |
| --- | --- |
| Date(s) of Observation(s) [list separate mm/dd/yyyy for each encounter; use separate sheet if needed; 1 encounter per month = 1 month homeless] | Describe where you observed the person sleeping |
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Please add additional dates and descriptions on separate page if needed.

This individual has now been added onto HMIS. The HMIS # is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element** | **Response** | **Scoring Criteria** | **Score** |
| VI-SPDAT (including TAY or F tools) score |  | If response is 8 or more, add 1 point |  |
| Does client have Cancer, Immunocompromised state (weakened immune system) from solid organ transplant, Severe Obesity (BMI ≥ 40 kg/m2), Sickle cell disease OR Type 2 diabetes mellitus |  | If response is “Yes” add 1 point |  |
| Is the client age 18-24 OR 65 or older |  | If response is “Yes” add 1 point |  |
| Has the client been homeless for 12 months or longer during the past 3 years |  | If response is “Yes” add 1 point |  |
| Has the client been to jail/prison, crisis or long-term hospital in the past 6 months |  | If response is “Yes” add 1 point |  |
| Is the client fleeing DV or a victim of Human Trafficking |  | If response is “Yes” add 1 point |  |
| **Total** |  |

***By signing below I certify that the above information is true and correct and that the above-named individual is homeless based on the selected USHUD criteria and documentation provided:***

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HT Staff Use: Was the household on the BNL [ ] Yes, ranking score \_\_\_\_ OR [ ] No*