



Homeless Third Party Certification



Instructions: Please provide certification on letterhead stationery. This recommended template can be copied onto letterhead or recreated with the same content and printed on letterhead.

Certification

I certify that _____ stayed at _____
(Client's Name) (Facility/Program Name)

For the following period of time:

- (1) between: _____/_____/_____ and: _____/_____/_____
- (2) between: _____/_____/_____ and: _____/_____/_____
- (3) between: _____/_____/_____ and: _____/_____/_____
- (4) between: _____/_____/_____ and: _____/_____/_____

Additional detail about the client's episodes of homelessness may be written below.

Before coming to this facility, the homeless person resided at _____.

This facility is classified as one of the following types of facilities/programs:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Mental health Institution |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Correctional |
| <input type="checkbox"/> Permanent Housing | <input type="checkbox"/> Substance Abuse Facility |
| <input type="checkbox"/> Medical institution | <input type="checkbox"/> Other: _____ |

Signature: _____
(Signature of Facility Staff)

Date: _____

