



UNACCOMPANIED HOMELESS YOUTH CERTIFICATION FORM

Applicant Name and Unique Identifier: _____

Staff Member Name: _____

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)
- Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet.

HOMELESS CERTIFICATION AND HOMELESSNESS DEFINITION

Complete with information on the primary cause of homelessness

Homeless Status	Type of Eligible Documentation	Documentation/ Eligibility
Definition: U.S. Department of Housing and Urban Development (HUD) – Literally Homeless		
<input type="checkbox"/> Persons living on the street or sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation	<ul style="list-style-type: none"> Signed and dated written certification by person seeking services Signed and dated written certification by an outreach worker 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Persons living in a shelter designed to provide temporary living arrangements - emergency shelter - transitional housing - hotel/motel paid for by a charitable organization or government program	<ul style="list-style-type: none"> HMIS shelter record Written referral from previous shelter staff Written referral from charitable organization or government program 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Persons exiting an institution where they resided for 90 days or less and resided in a place not meant for human habitation immediately before entering institution	<ul style="list-style-type: none"> HMIS shelter record Written referral from previous shelter staff Written referral from institution 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Persons fleeing domestic violence. *Must meet one of the homeless status categories listed above*	<ul style="list-style-type: none"> Written, signed and dated verification from the participant Written, signed and dated verification from the domestic violence service provider. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Definition: U.S. Department of Education (ED) – Homeless Children and Youths		
<input type="checkbox"/> Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in	<ul style="list-style-type: none"> Signed and dated written certification by person seeking services Signed and dated written certification by an outreach worker HMIS shelter record Written referral from previous shelter staff 	<input type="checkbox"/> Yes <input type="checkbox"/> No



UNACCOMPANIED HOMELESS YOUTH CERTIFICATION FORM

	emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.		
<input type="checkbox"/>	Children and youths who have a primary nighttime residence that is a public or private place not designed for/or ordinarily used as a regular sleeping accommodation for human beings.	<ul style="list-style-type: none"> Signed and dated written certification by person seeking services Signed and dated written certification by an outreach worker 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.	<ul style="list-style-type: none"> Signed and dated written certification by person seeking services Signed and dated written certification by an outreach worker 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Migratory children (as such term is defined in section 6399 of title 20) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described above. *Must meet one of the homeless status categories listed above*	<ul style="list-style-type: none"> Documentation as required by the appropriate homeless status category listed above 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation of attempts to obtain third party verification (required): *Third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance.*

Self Declaration of Homelessness: *Self declaration is only permitted when third party verification cannot be obtained.*

Participant Signature: _____ Date: _____

Form Completed By: _____

Staff Signature: _____ Date: _____