**Maryland Balance of State CoC**

Coordinated Entry System

Third Party Verification of Homelessness

**For Use By: Persons who have firsthand knowledge of an individual’s experience with homelessness.**

Applicant Name (Head of Household): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ▢ Individual ▢ Family

|  |  |
| --- | --- |
| **Household Member Name** | **Relationship to Head of Household** |
|  |  |
|  |  |
|  |  |
|  |  |

**▢** Additional names attached

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (third party name), have witnessed the following individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name), on the dates listed and one or more of the locations below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates Observed** **(Start date – end date)** | **# Months** | **Location Type** | **Detailed Description of Living Location(s)** |
| **Eligible Location** | **Non Eligible Location** |
|  |  | [ ]  Street[ ]  Emergency Shelter[ ]  Safe Haven[ ] Place not meant for habitation  | Duration of < 7 days: [ ]  Transitional Housing [ ]  Hotel/motel not paid by service provider[ ]  House owned/rented by client[ ]  Residential projectFriends or Family  | Duration of < 90 days: [ ]  Foster care[ ]  Hospital, residential medical facility, or psychiatric facility [ ]  Jail, prison, or juvenile detention [ ]  Long-term care/nursing home[ ]  Substance abuse treatment facility | Duration of >7 days: [ ]  Transitional Housing [ ]  Hotel/motel not paid by service provider[ ]  House owned/rented by client[ ]  Residential project[ ]  Friends or Family | Duration of >90 days: [ ]  Foster care[ ]  Hospital, residential medical facility, or psychiatric facility [ ]  Jail, prison, or juvenile detention [ ]  Long-term care/nursing home[ ]  Substance abuse treatment facility  |  |
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**Third Party Verification**

*I verify that the information stated above is true and accurate to the best of my knowledge.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Business / Agency / Organization/Volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email Address