**Logo

Description automatically generated with low confidenceMaryland 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 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 | 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