Homeless Verification/Shelter Referral Letter

Date:

RE (client name):

Referred to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Service Provider:

This letter is to verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is homeless, as defined below (choose one):

⬜ An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. An individual or family with 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, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or
3. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

⬜ An individual or family who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Their current income is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the income source is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This letter verifies that the individual named above is in need of shelter/supportive housing. Please let us know if you require additional information regarding this individual receiving various services at our facility.

Thank you for your assistance,

Staff Name

Title