



KOO GAA DA WIN MANITOU

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VERIFICATION OF HOMELESS STATUS FORM

Who may complete this form: A physician, lawyer, a staff person from; an emergency shelter, social agency, community health, law enforcement and clergy.

Note to person completing this form: Your patient/client has applied for housing through Urban Native Homes Incorporated and may be eligible for homeless status since they have declared they are: without shelter or living in temporary/emergency housing.

APPLICANT INFORMATION:

Applicant's Full Name: _____

Social Insurance Number: _____

I hereby authorize the completion of this form on my behalf, and its use by Urban Native Homes Incorporated. I also authorize Urban Native Homes Incorporated to contact the person/agency completing this form for the purpose of clarification.

Applicant's Signature: _____

Date: _____

VERIFICATION:

- The above named person is currently:
- without shelter (living on the street)

 - staying in emergency housing

Location / Shelter: _____

To the best of my knowledge all information provided above is accurate and complete.

Verification Form Completed by:

Name: _____

Phone: _____

Agency: _____

Position: _____

Signature: _____

Date: _____

VERIFICATION OF HOMELESS STATUS FORM

You have indicated on your application form that you are living in temporary accommodation such as with friends or relatives, in a shelter, hostel or motel. Please note the following information.

In order to qualify for "Homeless" status you must be:

- ▶ without shelter or
- ▶ living in temporary or emergency housing or

Verification of Homeless status is required such as:

- ▶ Verification letter from shelter or social agency or
- ▶ Confirmation from discharge planners of care facility or
- ▶ Verification of Homeless Status Form

The appropriate verification documents must be submitted to our office if you wish to be considered for this status.