

**WRITTEN OR ORAL REFERRAL FROM OUTREACH WORKER
OR HOUSING/SERVICE PROVIDER**

FORM 101

RE:
Applicant's Name (print)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from an outreach worker must be obtained. The verification must include: the location and the date(s) the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, and the signature and title of agency staff.

I do hereby authorize the release of this information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Name (print)	Applicant Signature	Date

SECTION BELOW TO BE COMPLETED BY OUTREACH WORKER OR HOUSING/SERVICE PROVIDER

(Applicant Name)
has slept in a place not meant for human habitation

Location and Dates:

Name of agency:

Address:

This information was collected by means of:

- Outreach Worker Observation
- Written Referral from Housing/Service Provider
- Oral Referral from Housing/Service Provider (if so, complete information below)

Name of individual providing information:

Title of individual providing information:

Contact number:

Date and Time of conversation:

I certify this information is true and complete.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Name and Title	Signature	Date

Staff Phone/Email