



FL-511 HUD Basic SO Projects (Street Outreach Programs)

Homeless Certification Form

The outreach worker must complete this form. This form is to certify that the individual or family contacted during a street outreach event is currently homeless based on the selected living situation. This document will serve as a source for your current living situation and will be updated periodically with each new contact. The outreach worker and all adults contacted must sign this form. The CoC/HMIS will use this form to record information regarding your current living situation at a specific point in time.

Applicant Information

Please list the primary client’s personally identifiable information (PII) in the section below. Households comprised of 2 or more adults presenting as a family, please list the PII for all adults. All adults aged 18 and over must sign this form if presenting as a single household. If the individuals do not present as a household, please have them complete a form separately.

Client Name (First and Last Name)	Relationship to Head of Household	Date of Birth: (MM/DD/YYYY)	HMIS ID:

Household Composition

- Household without minor dependent children (Adults only – aged 18+)
- Household with youth only (Runaway and Unaccompanied Youth aged 14 to 22)
- Household with dependent children (Adults and Children. Children must be aged 0 to 17)
 - o Number of adults in the household: _____ Number of children in the household: _____



This next section allows the outreach worker to certify the above named individual or household meets the following criteria for a Street Outreach program enrollment. Based on your self-report and/or visual observation of the outreach worker, and signature from both parties – this form will indicate your (the household’s) current living situation as of the signature date.

Living Situation

CHECK ONLY ONE BOX AND COMPLETE ONLY THAT SECTION

Living Situation: Place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks, bus station, airport, homeless encampment)

- The person(s) and household named above is/are **currently literally homeless** -- living in 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 station, airport, or campground.
- The person(s) and household named above is/are currently **in/exiting a hospital or other institution** -AND- was **living in a place not meant for human habitation** prior to hospital/institution admission -AND- will **return there at discharge**.
- The person(s) and household named above is/are **fleeing or attempting to flee domestic violence**; have no other residence identified; lack the resources or support network to obtain other permanent housing; -AND- is **living in a place not meant for human habitation**.

Signature Box: I/We hereby attest that the living situation selected above is true and accurate per the date that all parties sign this form. I/We permit the collection of our PII and housing status as evidence of the living situation reported.	
Head of Household:	Date:
Other Adult:	Date:
Other Adult:	Date:
Other Adult	Date:

OUTREACH WORKER OBSERVATION VERIFICATION:

The Outreach Worker certifies that the applicant’s living situation indicated was verified through self-report or visual observation (i.e., photographed). The applicant is deemed eligible for Basic Street Outreach Program enrollment in the FL-511 HMIS. The Outreach Worker understands that an individual or family that lives in any other living situation not listed on this form is **ineligible** for Basic Street Outreach Program enrollment.

Outreach Worker Signature: _____ Date: _____