Foothills Health & Wellness Center

Homeless Verification Form

Patient Name:	Date of Birth:
In March 1999, the Bureau of Primary Health Care stated that a homeless person is: An individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered homeless if that person is 'doubled up' a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and /or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual's living arrangement is critical to the definition of homelessness.	
CATEGORY 1: Individual without permanent housing.	
Emergency or Transitional Shelter	
Transitional Housing	
Single Room Occupancy Shelter	
Street, under bridge, caves, cars, abandon building, shed, b	parn, tent, camper, trailer, or other that is not fit for human habitation
Within one week of being evicted	
Living in a house, trailer, or other structure that is not fit for	human habitation.
The house must be dilapidated and meet one of the f	ollowing:
 Doesn't have operable indoor plumbing. 	
2. Doesn't have usable flushing toilet inside.	
3. Doesn't have usable bathtub or shower inside.	
4. Doesn't have adequate or safe electrical service	S.
5. Doesn't have adequate or safe heat service.	
CATEGORY 2: Individual who is 'doubled up' or in a situation whe	re they are unable to maintain their housing situation.
Living from place to place	
Living with family or friends because you don't have a choic	ce
Families where the member are separated into different houses (son with aunt, daughter with grandmother, and the parent	
whenever she/he can)	
Living in overcrowded situations (more than two people per bedroom)	
Staying with people in public housing or other settings that restrict the number and nights that tenants may have overnight	
guest.	
CATEGORY 3: Individual who was released from a prison or treati	ment facility that was previously homeless and who does not have
a stable housing situation to which they can return.	
Discharge from healthcare facility, mental health facility, r	ehabilitation, or correction program.
CATEGORY 4: Individual living in unstable situation. Factors to c	onsider:
Imminent risk of foreclosure/eviction due to economic reasons. Reasons may include termination from employment,	
unexpected medical costs, inability to maintain housing costs including utilities, etc.	
In an abusive or dangerous relationship. Intimate partner violence, family/friends taking advantage of a person with a	
disability or who is elderly or any violent situation.	
Spending more than 50% of income toward rent/mortgage and utilities.	
	currently at risk of homelessness based on the category checked.******
None of the above options apply to this individual for homelessness verification.	
Patient Signature:	Date:
Witness Signature:	Date:

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