

# HOMELESSNESS HISTORY TRACKING TOOL

Client Name: \_\_\_\_\_

HMIS UID (or DOB): \_\_\_\_\_

Please mark with an **X** either 12 consecutive months of homelessness **OR** 4 episodes of homelessness in 3 years

## Homelessness History Timeline

Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

## Homelessness History Specifics

Start Date (Month & Year)	End Date (Month & Year)	Living Situation (check intake for second party verification)	Who Could Verify	Verifier's Contact Info (Phone, Email, Brief description of intake conversation)
		<input type="checkbox"/> Living on the Streets <input type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter / TH <input type="checkbox"/> Jail / Institution <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Intake (initial contact)		
		<input type="checkbox"/> Living on the Streets <input type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter / TH <input type="checkbox"/> Jail / Institution <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Intake (initial contact)		
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I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand my declaration at intake is only permitted when I have attempted to but cannot obtain third party verification.

Attempts to Obtain a Third Party Verification				
Date	Verifier Name	Verifier's Contact Info (Phone, Email, Agency)	Type of Attempt	Outcome of Attempt
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____

Additional Barriers to Obtaining a Third Party Verification			
Start Date (Month & Year)	End Date (Month & Year)	Barrier	Additional Information regarding the Barrier
		<input type="checkbox"/> Out of County <input type="checkbox"/> Out of State <input type="checkbox"/> Truck Driver, Living in Cab <input type="checkbox"/> Transient Life-Style (moved frequently)	
		<input type="checkbox"/> Out of County <input type="checkbox"/> Out of State <input type="checkbox"/> Truck Driver, Living in Cab <input type="checkbox"/> Transient Life-Style (moved frequently)	

**For Second Party Observation, I certify that I conducted the Applicant's intake during our first ever encounter on the above date, and to the best of my knowledge and in my professional opinion, that the Applicant was living in a place not meant for human habitation, emergency shelter, a motel paid for by a charitable organization or government program for low-income households, or safe haven during the above time(s).**

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_  
 Job Title: \_\_\_\_\_