Self Declaration and Intake Worker Observation Form

Applicant Name: __________________________

☐ Household without dependent children (complete one form for each adult in the household)

☐ Household with dependent children (complete one form for household)

Number of persons in the household: __________

Approximate Date Homelessness Started: ________________

Self Certification:

☐ I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

☐ I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

Signature of Applicant: __________________________ Date: ________________

Intake Worker Due Diligence to find 3rd Party Verification:

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Intake Worker Observation of Homeless Status:

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Staff Signature: __________________________ Date: __________________________