This is an optional form to use for a referral or to provide evidence to support the Long-Term Homelessness Eligibility form.

**Instructions**

- The form can be completed by one service provider who is referring a household to another service provider, by a street outreach team to a housing provider, or by a friend or family member who is verifying that the applicant stayed with them in order to avoid living on the streets or in a shelter.
- For **Type of Living Situation**, choose from: emergency shelter, living on the street, staying with friends/family, place not meant for human habitation, or other (specify).

### Print Applicant Name

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<table>
<thead>
<tr>
<th>Start/End Dates</th>
<th>Type of Living Situation</th>
<th>City and State AND Facility Name OR Address</th>
<th>Reason for Leaving</th>
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### Comments

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**Third Party Signature**

I verify the information provided on this form is accurate and true.

Print Name: 

Title or Relationship to Applicant: 

Company/Agency Name and Address (if applicable): 

Telephone Number: Fax: 

Email: 

Signature Date