



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Rapid Re-Housing Certification of Homelessness

Applicant(s): _____

Birth Date(s): _____

I certify that I have documented to the best of my ability that the above named individual meets at least one or more of the following risk factors for the Rapid Re-Housing Program. Check all that apply:

Rapid Re-Housing Program Risk Factors:

- Sleeping in an emergency shelter
- Sleeping in a place not meant for human habitation such as cars, parks, abandoned buildings, streets/sidewalks
- Staying in a hospital or other institution for up to 180 days but slept in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc) immediately prior to entry into the hospital or institution
- Graduating from, or timing out of, a transitional housing program

Rapid Re-Housing Documentation:

- Emergency shelter's statement of occupancy on letterhead
- Individual's self declaration of homelessness citing places occupied not meant for human habitation
- Documentation from homeless outreach personnel
- Documentation from hospital or institution
- Transitional housing statement of occupancy on letterhead

Comments:

Agency Name

Date

Case Manager Name

Case Manager Signature