



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



Self Declaration of Homelessness

Participant Name (print): _____ **DOB:** _____

Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet. Maintain all documents in participant file.

	Homeless Status	Type of Documentation	Documentation Attached
<input type="checkbox"/>	Persons living on the street	A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Persons coming from living on the street (and into a place meant for human habitation)	Staff should provide written information obtained from third part regarding the participant's whereabouts, and, then sign and date the statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Persons coming emergency shelter for homeless persons	Written referral from the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Persons coming from transitional housing for homeless persons	Written verifications to include program residency and homeless status prior to program entry.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Persons being evicted from a private dwelling	Documentation of income, efforts to obtain housing, why participant would be on the street, and either documentation of formal eviction proceedings or statement from family evicting participant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Persons from a short-term stay in an institution who previously resided on the street or in an emergency shelter	Written verification from the institution's staff that the participant has been residing in the institution for less than 31 days; and information on the previous living situation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Persons being discharged from a longer stay in an institution	Written verification from the institution of discharge within one week of receiving homeless assistance AND documentation of income, efforts to obtain housing, and why person would homeless without assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Persons fleeing domestic violence	Written, signed, and dated verification from the participant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Self Declaration of Homelessness – Use reverse if more space is needed (use only if 3rd party in unavailable):

Participant Signature: _____ **Date:** _____

This form was completed by (print): _____

Staff Signature: _____ **Date:** _____