

Home Stretch Housing History

Housing History Instructions:

List client's housing history for the past 3 years, listing one living situation per line.

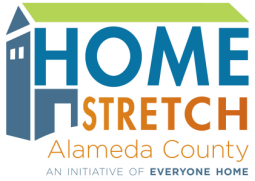
1. List dates of each living situation. Start with their current situation and work back. Be as specific as possible. At a minimum use months and years.
2. List type of living situation. Some examples are "on the streets," "in a car," "emergency shelter," "rental unit," and "living with family."
3. List street or program names and city associated with each living situation.
4. Determine what type of verification is needed for each living situation:
 - **Third Party** – this is used when an agency verifies that someone has been homeless for the time and in the situation listed. It must be on agency letterhead of the provider signing it.
 - **HMIS** – If a person is in an emergency shelter or other homeless housing program that uses Homeless Management Information Systems (HMIS), their HMIS record can be used to verify their homelessness during their stay in this situation
 - **Self-Certification** – If no other type of verification is possible, a person may self-certify their homelessness using Home Stretch's Homelessness Self-Certification Statement
 - **Not Homeless** – No verification is needed
5. Have client sign form.

NOTE: When obtaining verifications, each homeless living situation needs a separate verification.

Contact **HOME STRETCH**

fax: 1 (855) 658-5466, email: HomeStretch@accgov.org, phone: (510) 891-8938

mail: Post Office Box 29172, Oakland, CA 94612



Home Stretch Housing History

Name of Client: _____ Date Completed: _____ Staff Name: _____

Start Date	End Date	Living Situation (i.e. on the streets, in a car, staying with family, etc.)	Street Name or Program Name	City and State	Verification Available From?
	CURRENT				<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless
					<input type="checkbox"/> Third Party <input type="checkbox"/> Self-Certification <input type="checkbox"/> HMIS <input type="checkbox"/> Not Homeless

Client Name: _____

Client Signature: _____ Date: _____

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