IEHP | Community Supports

Homeless Status Certification

This Homeless Status Certification Form will not be considered complete unless signed and dated by both the homeless services provider and the person making the request for Community Supports Services benefits.

SECTION 1: MEMBER

To be completed by the homeless Member making the request for Community Supports Services benefits

I, _____(full legal printed name) certify that I am an IEHP Member and meet HUD's definition of homelessness or at risk of homelessness as defined in 24 CFR 91.5.

By signing below, I acknowledge that I have read, understand, and agree with the statements below. I understand this information will be shared between IEHP and the Community Supports Provider.

Today's Date (mm/dd/yyyy)	Signature of IEHP Member	IEHP ID Number

SECTION 2: REQUESTING PROVIDER

To be completed by the Requesting Provider

Name of CS Provider	Title:	Phone:

Address of CS Provider:		

City:	State:	Zip Code

I, _____ (Full legal printed name of CS Provider referring Member) affirm that:

_____ (Full legal name of IEHP Member) is a homeless person or homeless child or youth as defined in HUD definition of homelessness or at risk of homelessness as defined in 24 CFR 91.5. This Member resides:

☐ In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings

☐ In an emergency shelter.

Name of Shelter: _____

Address: _____

☐ In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.

☐ In any of the above places but is currently in a hospital or other inpatient institution. (Documentation of hospital or inpatient institution required)

☐ Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing (Documentation of eviction needed)

☐ Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30-consecutive

days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (Documentation from institution required) ☐ Is fleeing a domestic violence housing situation and no subsequent residence has been identified, and the person lacks resources and support networks needed to obtain housing.		
Today's Date (mm/dd/yyyy)	Signature of Requesting Provider	Name and Title