

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)

HOMELESS VERIFICATION FORM

CHECK THE APPROPRIATE BOXES UNDER HOMELESS OR CHRONICALLY HOMELESS

Client Name: _____

HMIS ID#: _____

I, the Housing Navigator, confirm to have verified that this client meets the following homeless criteria:

HOMELESS

- An individual who lacks a fixed, regular, and adequate nighttime residence; or
- An individual who has a primary nighttime residence that is –
 - A supervised publicly or privately operated shelter designed to provide individuals temporary living accommodations; or
 - An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or
- A victim of domestic violence who is unable to obtain housing.

CHRONICALLY HOMELESS

- Homeless and lives in a place not meant for human habitation, a safe haven or in an emergency shelter; **and**
 - Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria as noted above of this definition, before entering that facility; or
- A family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria as noted above of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Submit all Homekey+ referral applications to SAPC's Homeless Services Unit at DPH-SAPC_HSU@ph.lacounty.gov.

Provider Agency: _____

Referring Party's Name: _____

Referring Party's Signature: _____ Date: _____

Email: _____ Telephone Number: _____