

**Continuum of Care Program
Certification of Homelessness Form**

NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES



Participant Name: _____ Date: _____

Other Household Members: _____

I certify that the person(s) listed above qualify as “homeless” under the definition used by HUD because they meet one of the following criteria:

- 1. Living on the street or in a place not meant for human habitation (*please explain*):

- 2. Living in an emergency shelter (*please attach letter providing details*)

- 3. Living in transitional housing after having been homeless (*please attach letter providing details*)

- 4. Living in an institution (such as a substance abuse/mental health treatment facility) less than 90 days after having met criteria #1 or #2 above (*please attach letter providing details*)

- 5. Fleeing/attempting to flee domestic violence (*please attach letter providing details*)

I certify the information above to be true.

Agency _____

Agency Representative (*please print name*) _____

Signature _____ Date _____