

Veteran Homestead, Inc.

69 High Street  
Fitchburg, MA 01420  
Phone (978) 353-0234  
Fax (978) 345-0926

Release of Information to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

I herby authorize release to the Veterans Hospice Homestead, Inc. copies of hospital records, psychiatric records and criminal justice agency records to include sensitive information including drug, alcohol and HIV information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I herby release the Veteran Hospice Homestead, Inc. and its representatives from all claims or other liabilities arising from administration and use of such information. Further, I release any individual: corporation and government agency from liability arising from release of said information/documents to Veterans Hospice Homestead, Inc. or any of its representatives. A photocopy of this authorization is to be considered as an original. This authorization is to be effective as long as I am a resident of the Veteran Hospice Homestead.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

DOB: \_\_\_\_\_

Witness: \_\_\_\_\_

**HOMELESS VERIFICATION FORM**

For use in the Supportive Housing Program (SHP)

\_\_\_\_\_

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Client Name

Has been determined to be, and verified as homeless according to the following (Check one):

- In places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings. *Please attach a signed and dated letter verifying collateral contacts with other agencies, a signed statement by the client, or other verifying documentation.*
- In an Emergency shelter. *Please attach a signed and dated letter from a shelter staff person or other social service agency that can verify the shelter stay.*
- In transitional or supportive housing (for homeless persons who originally came from the streets or emergency shelter). *Please attach a signed and dated letter from the transitional provider verifying the current stay and the client's homeless status prior to transitional housing.*
- In any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution. *Please attach a signed and dated letter*
- Is being evicted within a week from a private dwelling unit, no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing. *Please attach a letter verifying the eviction proceedings and unsuccessful attempts to secure other housing options.*
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lack the resources and the support networks needed to obtain housing. *Please attach a signed and dated letter verifying unsuccessful attempts to secure other housing options.*

This form and the appropriate verification must be filed in each case record and be available for review. (Please also include client income verification in each case record.)

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Name of staff member verifying homelessness

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Agency

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Date

The Supportive Housing program - Guidance on Program Rules and Operations The Technical Assistance Collaborative