## **Category 1 Homeless Verification: Form RRH 1**

To be used by homeless service providers verifying client's Category 1 homeless status. Category 1 Homelessness includes places not meant for human habitation, Emergency shelters, and hotels paid by agencies, or exiting institutions where client stayed less than 90 days and resided in an ES or streets prior to entering that institution.

Client name:	
(Print)	
Location of:	Orange  Seminole  Osceola
Where did client/household sleep last night?	
$\square$ Place not meant for human habitation (home w	ith no utilities, shed, vehicle, on the streets, etc.):
☐ In an Emergency Shelter that <b>does not use HM</b> If so, a letter from the shelter with client's entry as	<u> </u>
☐ In hotel/motel paid by an agency ( <b>does not incl</b> ) Please attach a letter from agency verifying any st	
☐ Institution for less than 90 days AND resided in Please attach discharge paperwork noting client's	•
Please describe their living conditions and what excorrect?	vidence you observed that verifies this as being true and
	due diligence to verify the living conditions of the above client e and certify that they meet HUD criteria for Category 1
Printed Name of Worker Completing this form	Date
Signature of Worker Completing this form	Client Signature
Title/Role	Chem Signature
Organization Name and Phone Number	