COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES

MENTAL HEALTH SERVICES ACT - HOUSING PROGRAM
AGENCY VERIFICATION OF HOMELESSNESS

Indicate the Individual's Current Living Situation – Check All that Apply

I certify that _____ is
(Name of Applicant)

HOMELESS

☐ an individual who lacks a fixed, regular, and adequate nighttime residence (attach letter acknowledging current living situation with co-signature of program head, manager or director); or

☐ an individual who has a primary nighttime residence that is –

- ☐ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) - *(Complete and attach MHSA Certification of Residence Form)*;
- ☐ an institution that provides a temporary residence for individuals intended to be institutionalized - *(Complete and attach MHSA Certification of Residence Form)*; or
- ☐ a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings *(attach letter acknowledging current living situation with co-signature of program head, manager or director)*.

☐ victim of domestic violence who is unable to obtain housing - *(attach letter explaining current circumstances with co-signature of program head, manager or director)*.

CHRONICALLY HOMELESS

☐ Unaccompanied individual with a disabling condition who has been chronically homeless, living on the streets, emergency shelter or lacking a fixed, regular and adequate night-time residence.

- ☐ continuously homeless for one (1) year - *(attach documentation of one (1) year of continuous homelessness acknowledging living situation with co-signature of program head, manager or director or complete MHSA Certification of Residence Form if applicable)*.
- ☐ experienced at least four (4) episodes of homelessness in the past three (3) years – *(attach documentation of each homeless episode **and** housing/homeless history during the past three (3) years with co-signature of program head, manager or director)*.

Referring Agency Name:_____

Address:_____ Email:_____

Case Manager's Name/Signature_____

Date:_____ Telephone Number:_____

Program Head's Name/Signature:_____ Date:_____