COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT & EDUCATION SERVICES

MENTAL HEALTH SERVICES ACT
HOUSING PROGRAM

CERTIFICATION OF RESIDENCE IN A HOMELESS FACILTY

I, _____ hereby

authorize _____

to release information related to my homeless status to the Department of Mental Health

_____ (Signature)

_____ Date

CERTIFICATION

I certify that_____ (Name of applicant) stayed at _____ (Name of facility)

during the period of _____. (Beginning and ending dates of stay)

Before coming to this facility, the applicant reported housing status as _____ *(State prior residence*

_____during the period of _____
i.e shelter, in a car, couch surfing, etc.) (Beginning and ending dates of stay)

Signature: _____ (Signature of facility staff person) **Date:** _____

Title: _____ **Telephone:** _____

Facility: _____ (Name and address of facility)

Type of Facility:

- ☐ Emergency Shelter
- ☐ Transitional Housing
- ☐ Institution
- ☐ Residential Care Facility

Revised 9/6/11