

## Maine DHHS Shelter Plus Care Chronic Homeless History Form

Instructions: Use this form when verifying Chronic Homeless status. List each episode of homelessness from the past 3 years in the chart below and **ATTACH** verification from a service provider/third party or a self affidavit for each episode of homelessness.

**Self affidavits should be used rarely and only when third party documentation is not available.**

**Documentation from a service provider/third party must be attached for the current episode of homelessness.**

Name: John Doe

Start Date	End Date	Type of Homelessness	Location or Shelter Name	City and State	Documentation Attached?
9/3/2009	Current	<input type="checkbox"/> Places not meant for human habitation / Streets <input checked="" type="checkbox"/> Emergency Shelter	Bread of Life Shelter	Augusta, ME	<input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Self Affidavit
4/1/2009	6/6/2009	<input checked="" type="checkbox"/> Places not meant for human habitation / Streets <input type="checkbox"/> Emergency Shelter	Sleeping in car parked at grocery store parking lot on 47 <sup>th</sup> Street	Miami, FL	<input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Self Affidavit
8/1/2008	11/1/2008	<input checked="" type="checkbox"/> Places not meant for human habitation / Streets <input type="checkbox"/> Emergency Shelter	Streets, Downtown	Los Angeles, CA	<input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Self Affidavit
5/1/2007	6/30/2007	<input type="checkbox"/> Places not meant for human habitation / Streets <input checked="" type="checkbox"/> Emergency Shelter	York County Shelter	Alfred, ME	<input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Self Affidavit
2/1/2007	2/28/2007	<input type="checkbox"/> Places not meant for human habitation / Streets <input checked="" type="checkbox"/> Emergency Shelter	Oxford Street Shelter	Portland, ME	<input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Self Affidavit
		<input type="checkbox"/> Places not meant for human habitation / Streets <input type="checkbox"/> Emergency Shelter			<input type="checkbox"/> Third Party <input type="checkbox"/> Self Affidavit

Staff Name \_\_\_\_\_ Title \_\_\_\_\_ Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>LAA Staff Use Only:</b> Does this person meet HUD's Chronic Homeless Definition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature _____	LAA _____	Date _____