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**SECOND-PARTY CERTIFICATION OF HOMELESSNESS BY AGENCY'S INTAKE WORKER IN THEIR  
 PROFESSIONAL CAPACITY BASED ONLY ON INTAKE CONVERSATION (Form F)**

**Applicant Name:**

**Intake Date:**

**Note:** This form does not constitute third-party documentation and should be used only if third-party documentation is not available.

**Instructions:** If third-party documentation is not available, an intake worker whose only encounter with the Applicant is at the current point in which they are seeking assistance may certify homelessness even if the intake worker has not physically observed the Applicant's place of residence. This certification could include months which the Applicant could not remember but where the intake worker believes, based on their professional judgment, that it is reasonable to assume that the Applicant had been residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven. Please provide the details requested.

**INFORMATION REQUESTED**

*(To be completed by the intake worker)*

<b>Month and Year When Applicant Experienced Homelessness:</b>	<b>Location Where Applicant Was Living:</b>	<b>Description of Intake Conversation with Applicant and Reason You Believe They Were Living in a Homeless Situation:</b>
	<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven	
	<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven	
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**FORM CONTINUES ON NEXT PAGE**

