

PO Box 16639, Tallahassee, FL 32317

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[www.kidsincorporated.org](http://www.kidsincorporated.org)

Homeless Verification Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent or Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am currently homeless without a fixed, regular, and adequate nighttime residence due to loss of housing, economic hardship, no alternative adequate accommodations or a similar reason. In addition, **mark the one statement below that best describes the family’s situation.**

\_\_\_ We share housing in another person’s residence.

\_\_\_ Documentation required: Proof of residency from the person I’m staying with in the

form of an ID, lease or bill showing name and address. NOTE: Parent or Guardian

completes the Proof of Residency Form.

 \_\_\_ We have primary nighttime residence in a public or private shelter designed for sleeping accommodations for those experiencing homelessness.

 \_\_\_ Documentation required: Statement from the shelter.

\_\_\_ We have primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodations, such as, motel, hotel, camping grounds, etc.

\_\_\_ We are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Staff Signature Date