

Indianapolis Homeless Documentation

Individual's Name: _____

DOB: _____

The above named person has:

Resided in a shelter on the following nights within the last 30 days:

Signed: _____

Date: _____

Printed Name: _____

Shelter: _____

Been observed by a verified professional street outreach worker in a place not meant for human habitation.

Location: _____

Date Observed: _____

Signed: _____

Date: _____

Printed Name: _____

Outreach Team or Organization:

By signing below, I authorized and consent that any approved outreach team or staff representing a shelter, housing site or institution where I reside or have resided in the past, may disclose my current and past housing situation to any organization needing such documentation for purposes of homeless services, housing or entitlements. I also agree and acknowledge consent that this information may be entered into the Indianapolis Homeless Management Information System (HMIS) for purposes of sharing information among homeless service providers.

Signed: _____

Date: _____

Printed Name: _____

Staff Witness Signature: _____

Date: _____

