**Homeless Status/Income – Simplified Documentation Option**



**OHCS SIMPLIFIED DOCUMENTATION OF HOMELESS STATUS/INCOME**

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above listed client is moving from: [ ]  EHA [ ]  ERA [ ]  HSP [ ]  SHAP

To: [ ]  EHA [ ]  ERA [ ]  SHAP

I hereby verify that the above listed client meets the homeless status and income requirement for the program to which they are moving.

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

Case Manager Signature