**YOUR ORGANIZATION’S NAME**

**HOMELESS CASE MANAGEMENT SERVICES (HCMS) PROGRAM**

**CLIENT ELIGIBILITY DOCUMENTATION**

I certify that my household (if applicable) and I are staying in add name of your organization’s shelter or motel voucher program, and meet one of the following TANF definitions of “homeless families:”

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| ***Instructions: please check one of the definitions.*** | |
|  | 1. Homeless individuals accompanied by minor children (under age 18 for whom the homeless individuals are responsible, or under 19 but a full-time student in high school, working on an equivalency degree, or enrolled in basic vocational or technical education). |
|  | 1. Homeless pregnant individuals. |
|  | 1. Homeless individuals, unaccompanied by children, who are non-custodial parents of children under the age of 18. |
|  | 1. Homeless individuals who are younger than age 25 and accompanied by another person related by blood or marriage. |

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| Client Signature: |  | Date: |
| Staff Signature: |  | Date: |