

Due Diligence *for Homeless Eligibility Form*

PY 2019

Name of P.I. Contacted: _____ Date: _____

P.I. City and State: _____ Time: _____

P.I. Phone Number: _____ Contact Name/Title: _____

On Behalf of (*Client's Name*): _____ CL's ServicePoint #: _____

Outcome of Due Diligence: _____

By signing below you certify that due diligence was performed to obtain the needed documentation for homeless verification while keeping in mind that this process should not prevent clients from accessing services in a timely manner.

Staff / Preparer Printed Name

Staff / Preparer Signature