

# 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.

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*Staff / Preparer Printed Name*

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*Staff / Preparer Signature*