

Proof of VI-SPDAT Completion

Client Name: _____

Staff Name: _____

Coordinated Assessment Staff Intake Staff Case Manager Other: _____

To Whom it May Concern,

I, _____, verify that said client completed the VI-SPDAT on ____/____/_____.
Additional Notes:

Staff Signature

Agency

Date



Provided by Ending Community Homelessness Coalition

Proof of VI-SPDAT Completion

Client Name: _____

Staff Name: _____

Coordinated Assessment Staff Intake Staff Case Manager

Other: _____

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I, _____, verify that said client completed the VI-SPDAT on ____/____/_____.
Additional Notes:

Staff Signature

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Date



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