

## 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*

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