## CHG Third-Party Verbal Verification OF HOUSING STATUS, CHRONICITY, OR INCOME Form

Complete this form to document housing status or income, when applicable.

At Imminent Risk / Homelessness – In the narrative include details of the telephone call to the temporary housing provider.

Chronic Homelessness – In the narrative include details of where they were living and specific months.

Earned Income – In the narrative include name of employer, pay amount and frequency, average hours worked per week, amount of any additional compensation.

Other Income – In the narrative include name of income source, income amount, and frequency of income.

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| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |
| Narrative/Discussion |  |
| Name of Third-Party Verifier |  |
| Position/Title |  |
| Telephone |  |
| Organization/Agency |  |
| Case Manager Signature |  |