

**Community Action Partnership of Western Nebraska
Transitional Living Program and Maternity Group Home TLP
Client Statement of Homeless Status**

Client Name: _____, *Social Security Number:* _____

I, _____, hereby certify that I am homeless and am in need of resources provided by Community Action Partnership of Western Nebraska TLP and MGHTLP, an agency that offers services for the homeless. I also certify that the verification of my homeless status is true and that the attached documents have not been altered in any way. I understand and agree that in signing this form, I give Community Action Partnership of Western Nebraska, TLP and MGHTLP permission to obtain verification of my homeless status through whatever means deemed necessary and, at any time, I can decline services of said agency.

Current Living Situation:

- ___ On the street (or other places not meant for habitation)
- ___ In a shelter for homeless persons, (name of shelter) _____
- ___ Formal eviction proceeding/statement of eviction (provide copy)
- ___ Short/Long term stay in an institution, (name of institution) _____
- ___ fleeing domestic abuse
- ___ Other (explain) _____

***Client Statement:** _____

*Include: attempts to locate housing and current financial situation.

Client's Printed Name: _____

Client's Signature: _____

Date: _____

To the best of my knowledge, the above client is homeless and is eligible for these services

Signature of TLP/MGHTLP Program Coordinator

Signature of TLP case manager (staff member)

**Community Action Partnership of Western Nebraska
Transitional Living Program and Maternity Group Home TLP
1412 2nd Ave Apartment #3
Scottsbluff, NE. 69361
308-632-8811**

If document is not signed: ___ refused to sign ___ client initials
 ___ no face to face contact ___ staff initials rev 12/06