

**[PLEASE PLACE THIS FORM ON AGENCY LETTERHEAD]**

## **HOMELESS VERIFICATION LETTER**

**Michigan Department of Health and Human Services  
Division for Vital Records and Health Statistics**

[Date – *Must be within 30 days of application*]

Shelter Participant (full legal name): \_\_\_\_\_

DOB: \_\_\_\_\_ HMIS Number: \_\_\_\_\_

**This form, along with the accompanying HMIS CARD, certifies that the above individual meets the definition of category 1 homeless as that term is defined by the United States Department of Housing and Urban Development.**

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Please check the location type in which the household currently resides:

Emergency Shelter    Place not meant for human habitation    Safe Haven    Other \_\_\_\_\_    Transitional Housing

*I, [case manager/representative of referring agency], hereby certify that the information above is true and correct to the best of my knowledge. Per the MDHHS guidelines, the above-named individual is eligible to present this homeless verification for a single proof of residency document (MCL 333.2891(19)), as well as use this verification to request receiving a vital record at the shelter/agency address.*

| <b>Applicant Initials</b> | <b>Consent</b>                                                                                                                                                                          |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | Applicant is applying for a fee waiver, pursuant to MCL 333.2891(19)                                                                                                                    |
|                           | Applicant would like to use the following shelter address to receive mail:<br>Shelter Provider Name: _____<br><br>Shelter Provider Address: _____<br><br>Shelter Provider Number: _____ |

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Case Manager Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

NOTE: When applying for a Michigan birth certificate, a formal application along with verification of identity will be required.