



Self-Attestation of Experiencing Homeless

I, _____, certify that I am homeless, that is:

1. I lack a fixed, regular, and adequate nighttime residence; **and/or**
2. I have a primary nighttime residence that is:

_____ a supervised publicly or privately-operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

_____ (Name of Shelter)

_____ an institution that provides a temporary residence for individuals intended to be institutionalized; or

_____ (Name of Institution)

_____ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (ex: car, street, underpass).

_____ (Specify Place)

* * *

Patient Signature

Date