



**State of Florida
Department of Children and Families**

Rick Scott
Governor

David E. Wilkins
Secretary

[Date]

Subject: Verification of Homeless Status

This agency certifies that [type the Name of Person] meets the definition of a homeless person in accordance with state law. [Section 420.621, Florida Statutes] This agency provided the following services to this individual:

- Street Outreach, Assessment and Referral
- Emergency Shelter
- Supportive Services: food, clothing, health services, etc.
- Transitional Housing
- Permanent Supportive Housing
- Other Specify: _____

Based on this agency's records, [Name of Person] had the following address:

[Address]
[City, State, Zip]

Evidence to document the basis of this determination of [Name of Person] status as homeless is maintained in this agency's file.

Sincerely,

[Signature of Authorized Official]
[Title]
[Type Name of Authorizing Official]