

**Everett/Snohomish County Continuum of Care
Sign-In Sheet: Individual Documentation of Homelessness**

Intake staff are required to document the eligibility of all persons seeking assistance. This form is intended to be used by intake staff in conjunction with the Sign-In Sheet: Verification of Homelessness form to verify that the person seeking emergency assistance (including emergency shelter and street outreach) certified his/her homelessness via sign-in sheet. This form must be maintained in the participant file.

Applicant Name _____

HMIS Client Identifier _____

Date(s) Sign-In Sheet Signed _____

By signing below, I hereby certify that the person listed above signed the Sign-In Sheet: Verification of Homelessness, certifying his/her current homeless status on the date(s) listed above.

Name of Intake Staff _____

Position/Title _____

Telephone _____

Organization/Agency _____

Signature _____ Date _____