

Homeless Shelter Referral Letter

Please complete this form if you are homeless or otherwise unable to verify your place of residence. This letter must be completed by the individual, organization or advocate who provides housing support for you.

RE: St. Vincent de Paul Pharmacy:

For (Applicant Name): _____

To Whom It May Concern,

This letter is to verify that _____ is homeless, as defined below (please choose one):

- An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:
- A. *An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground; or*
 - B. *An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations, or by federal, state, or local government programs for low-income individuals); or*
 - C. *An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.*

An individual or family who are fleeing, or are attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangers or life-threatening conditions that relate to violence against the individual or a family member.

Their current income is _____ Hourly Daily Weekly Monthly Yearly,

And their income source is _____. This letter verifies that the individual named above needs shelter/supportive housing. Please let us know if you require additional information regarding this individual or family.

Sincerely,

Individual/Organization Name _____

Title/Relationship _____

Email _____ Phone _____

Date _____