[INSERT AGENCY LOGO/LETTERHEAD]

[INSERT DATE]

RE: Client’s Name, Client’s DOB, Client’s HMIS Number

To Whom It May Concern:

This letter is intended to verify that [insert client’s name] is experiencing homelessness. The client’s homelessness began on [insert date]. [insert any helpful information/additional details here such as whether the client has been/is in shelter, any service providers working with the client, &/or whether or not the client has a disability]

Per the information provided to and verified by our office, this client is considered [insert homeless status/literally homeless/chronically homeless].

Sincerely,

[insert Case Manager’s signature]

[insert Case Manager’s name & title]

[insert Case Manager’s phone number &/or email address]