

Homeless Certification Form



This Homeless Certification Form will not be considered complete unless signed and dated by both the homeless services provider and the person making the request for the fee waiver.

Section I: REQUESTOR

To be completed by the homeless child or youth making the request for the fee waiver ("requestor")

I, _____ (full legal printed name of requestor) swear or affirm that, to the best of my knowledge and belief on the date listed below in this section, I am under 25 years of age and homeless as defined in paragraph (2) of Section 725 of the federal McKinney-Vento Homeless Act (42 USC Section 11434a[2]).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Today's Date (mm/dd/yyyy)

Signature of Requestor

Date of Birth (mm/dd/yyyy)

Section II: HOMELESS SERVICES PROVIDER

To be completed by a qualified homeless services provider as defined below

Name of Homeless Service Provider

Title

Name of Entity/Agency

Address of Entity/Agency

City

State

Zip Code

I, _____ (printed name of homeless service provider) affirm that, to the best of my knowledge and belief on the date listed below:

(printed name of homeless child or youth) is a homeless person or homeless child or youth, as defined in paragraph (2) of Section 725 of the federal McKinney-Vento Homeless Act (42 USC Section 11434a[2]), and that I am qualified as an approved homeless services provider under one of the options described below. **(Please select one.)**

1. A governmental or nonprofit agency receiving federal, state, or county or municipal funding to provide services to a "homeless person" or "homeless child or youth," or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization

2. An attorney licensed to practice law in this state
3. A local educational agency liaison for homeless children or youth designated as such pursuant to 42 USC Section 11432(g)(1)(J)(ii), or a school social worker
4. A human services provider funded by the State of California to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services
5. A law enforcement officer designated as a liaison to the homeless population by a local police department or sheriff's department within the state

I declare under penalty of perjury under the law of the State of California that the foregoing is true and correct.

Signature of Homeless Service Provider

Today's Date (mm/dd/yyyy)

Qualification Expiration Date