

Homeless I.D. Contract
CLIENT APPLICATION / REIMBURSEMENT REQUEST

Client Application Information:

Client Name: _____ D.O.B. _____ Phone number: _____

Zip Code of Last residence: _____ Chronically Homeless (by definition): Yes No

HMIS ID#: _____ Social Security #: _____

Housing Status: Literally Homeless Imminently Losing Housing

Current Living Situation:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing
	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Jail	<input type="checkbox"/> Place not meant for habitation
	<input type="checkbox"/> Imminent risk of Homelessness	<input type="checkbox"/> Other: _____	

Veteran: Yes No Gender: Male Female Race: _____ Ethnicity: _____

Disability: Mental Health Diagnosis: _____ Co-occurring Diagnosis: _____

Client Request: (Please check all that apply to this client)

*Note: Funds from this contract will pay the cost for one birth certificate and one state identification card per individual. It may also pay the cost for one duplicate birth certificate and one duplicate state identification card if the person has not received funding through the Homeless ID Contract within the last 6 months.

Maryland Identification Card (up to \$24 each) Initial Duplicate
 Maryland Birth Certificate (up to \$35 each) Initial Duplicate
 Non- Maryland birth certificate, **State:** _____ (max of \$50 each) Initial Duplicate

Total Amount Requested for client: \$ _____

Agency Reimbursement Request:

Agency Making the Request: _____

Person completing form: _____ Phone # _____

Make check payable to: _____

Payee address: _____

*Complete only page 1 for a single client reimbursement request and attach all supporting invoices, receipts and/or proof of payment along with clients Self-statement for Documentation of Homelessness form.
 **Agencies may request for multiple clients to be included in a single reimbursement check to a single payee by additionally completing the top portion of page 2. Please fill out the Client Application Information section above for EACH client and attach all supporting invoices, receipts and/or proof of payment along with clients Self-statement for Documentation of Homelessness forms with submission.

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Multiple Reimbursements Request: (Do not use for a single client request)

Requesting agency please check all that apply if requesting for multiple reimbursements in a single reimbursement check:

Maryland Identification Card (up to \$24 each) Total # requested: _____
Client initials (list all that apply): _____

Maryland Birth Certificate (up to \$35 each) Total # requested: _____
Client initials (list all that apply): _____

Out of state birth certificates (maximum of \$50 each) Total # requested: _____
Client initials (list all that apply with applicable state): _____

Total amount requested by submitting agency: \$ _____

(For EveryMind's use only)

- All supporting invoices, receipts and/or proof of payment received: Yes No
- All Client Applications received: Yes No
- All Self-statements for Documentation of Homelessness Received: Yes No
- Verify initial funding request(s) to the Homeless ID Contract: Yes No
- Verify person(s) has not received funding through the Homeless ID Contract within the last 6 months:
 Yes No

Approved Reimbursement Amount Break Down:

<u>Client Initials Approved:</u>	<u>Request Type Approved:</u>	<u>Total Approved for Client:</u>

Total Reimbursement Amount Approved by EveryMind: \$ _____

Director's Approval

Date