**Chronically Homeless Certification Letter Template**

For Service Providers of currently & chronically homeless persons residing in the City of Detroit Certification Letter Template

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Chronically Homeless Third-Party Certification Letter Template

 **For Service Providers** of currently & chronically homeless persons residing in the City of Detroit: **Please provide certification on your letterhead stationery.** The template below can be copied or recreated with the same content and printed on letterhead.

Attach the letter to the Chronically Homeless Qualification Checklist signed by your agency representative. Have your client bring the two forms to her/his appointment for the Detroit ID Card. This Letter is NOT required if a case worker accompanies client to her/his D-ID appointment. This form is not scanned or retained by the city. Thank you for your assistance.

Detroit ID Card Intake Staff:

This letter will serve to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is a currently homeless or chronically homeless resident of the City of Detroit and a client receiving

services from our organization.

Attached to this letter is the Detroit ID Chronically Homeless Qualifications Checklist signed and dated

by a representative of our organization. Also provided is the representative’s contact information should

you require any further information regarding this client.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_