## King County Consolidated Homeless Grant

## Documentation of Third Party Oral Verification

***Use this form only when unable to obtain written third party documentation.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Homelessness |  | Length of Time Homeless *(required for chronic homelessness)* |
|  | Earned Income (need name of employer, client name, pay amount and frequency, average hours worked per week, and amount of any additional compensation) |  | Other Income (need source of income, income amount, and frequency of income) |

|  |  |
| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date of Conversation |  |
| Third Party Verifier Name & Phone Number |  |
| Position/Title |  |
| Organization |  |
| Discussion |  |
| Caseworker Name and Signature |  |