

Request # _____

BEHAVIORAL HEALTH ADMINISTRATION
Homeless I.D. Project FY 2025 APPLICATION/INTAKE

Client Information:

Name _____ D.O.B. _____ Phone No. _____

MA/Gray Zone/Medicare No. _____ Social Security No. _____

Housing Status: ☐ Literally Homeless ☐ Chronically Homeless ☐ Imminently Losing Housing

Current Living Situation:

☐ Emergency Shelter ☐ Transitional Housing ☐ Hospital ☐ Hotel/Motel ☐ Jail ☐ Relatives/Friends

☐ Street/Park/Car/Bus Station/Bridge/Etc. ☐ Other _____

Zip Code of Last Residence _____

Gender _____ Race _____ Ethnicity _____ Veteran _____

Disability: Mental Illness _____ Co-occurring _____ Brain Injury _____

Limited English Proficient: ☐ Yes ☐ No Deaf/Hard of Hearing: ☐ Yes ☐ No

Pregnant: ☐ Yes ☐ No Children: ☐ Yes ☐ No

Person completing form: _____ Phone No. _____

Address _____

Documentation of Homelessness Received: ☐ Yes ☐ No

*CSA will maintain file applications

Request: (Please check one)

☐ State Identification Card (\$24.00 Maximum)

☐ Birth Certificate (Please indicate if Birth Certificate is from a state other than Maryland) (\$50.00 Maximum)

CSA Making the Request: _____

Requesting CSA has verified that this is not a duplicate request for funding for this individual within the past six months: ☐ Yes ☐ No *Note: There is a **maximum of two ID's** or Birth Certificates

Check Payee _____ Phone No. _____

Payee Address _____

Tax ID No. _____ Account No.(if applicable) _____

Total Cost _____ Amount Requested _____ Amount Approved by CSA _____

(For CSA use Only)

Approved CSA Director or Designee

Date

CSA Operating Officer

Date

Approved YTD _____
revised 8/21/24



MARYLAND HOMELESS I.D. PROJECT

Documentation of Homelessness

Please use the following space to describe the applicant's current living situation. If the applicant is currently in the detention center, please describe their living situation prior to incarceration. If the applicant is currently residing in a shelter, transitional housing program, or other temporary housing facility, additional documentation of homelessness, i.e., letter on agency letterhead must be included with this form.

Self-Verification (Brief statement from client saying they are homeless or at-risk of losing their housing):

(Please ask the Applicant these questions):

1. Where do you typically stay at night? _____

2. Do you know the name of the shelter or housing program where you stay?

3. Do you work with any of the outreach teams or case management programs? If yes, do you know the name of the agency or the worker you see? _____

I certify that the information provided regarding my homeless status is accurate and true.

Date: _____

Signed: _____ (Applicant)

Date: _____

Witness: _____