

Date of Request: \_\_\_\_\_

HEAD OF HOUSEHOLD INFORMATION (PARTICIPANT)		
Head of Household Name:		HMIS ID:
Household Size: Number (	of Adults:	Number of Minors:
Household Monthly Income: \$ Source of Income:		
Name of Program:		
Meets Program Area Median Income (AMI) Limits?  Yes No (ONLY Check off if program requires AMI eligibility)		
JUSTIFICATION REQUEST Provide reason why you are requesting to serve the participant		
AGENCY INFORMATION		
Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below.		
Agency Name:		
Staff Name:		
Staff Email:		
Staff Signature:	Date Completed:	
LAHSA COMPLETE		
Approved?  Yes No		
Notes:		
Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below.		
LAHSA Staff Name	LAHSA Staff Signature	e Date