



TEMPORARY EMERGENCY SHELTER STATUS VERIFICATION

Agency Name: _____ Grant Number: _____

Temporary Emergency Shelter Site Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Shelter Description

Please describe the Shelter listed above in detail. This should include but is not limited to a description of the structure itself, the client capacity, all accommodations and facilities within the shelter, and what services will be provided.

Please explain how the Shelter will be used to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless.

Staff Certification

I certify that all of the information above is accurate. I also certify that the Temporary Emergency Shelter listed above will:

(1) Be able to meet a person’s basic needs, including:

- (A) Protection from inclement weather that provides cover on all sides and overhead
- (B) Space to sleep and rest; which include sleeping accommodations (e.g. mat, cot, bed, etc.)
- (C) Access to sanitary facilities for hygiene and toileting

(2) Only be in use for the period of time needed for coronavirus response

(3) Comply with nondiscrimination and applicable accessibility requirements, including requirements under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, the Fair Housing Act, and their implementing regulations.

Staff Signature: _____ **Date:** _____

Public Health Official Certification

In my professional opinion as a public health official, I certify that the temporary emergency shelter listed above is necessary to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless. This certification is made under the assumption that all of the above information is true and, to the best of my knowledge, it is true.

Health Official Signature: _____ **Date:** _____

Position Title: _____

Organization: _____