



TARRANT COUNTY HOMELESS COALITION

1415 E. Lancaster Ave., Fort Worth, TX 76102 | PO BOX 471638, Fort Worth, TX 76147-1406
817/509-3635 | fax 817/509-9089 | www.AHomeWithHope.org

(Date of Request)

SUBJECT: Certify HMIS Documentation of Homelessness for (Mr.)(Ms.) _____
(Name of Client)

Dear (Mr.)(Ms.) _____,
(Name of Requesting Case Worker)

(Mr.)(Ms.) _____, last four social security number # _____, has received
(Name of Client) (Client's)

services from homeless shelters as indicated by the HMIS system for TX601.

As the HMIS lead agency, TCHC can certify that data was collected on the following dates and services:

Shelter Name	Date Entered	Date Exited

Sincerely,

Tammy McGhee
CoC Coordinator