



**SECTION 4**

**COUNTY USE ONLY**

**CHECK ALL THAT APPLY:**

- Applicant/participant has declared that he/she does not want emergency or 90-day housing and would not fill out/sign this form
- Applicant/participant has declared that he/she does not want emergency food assistance and would not fill out/sign this form
- Applicant/participant refused emergency or 90-day housing and chooses to remain homeless
- Emergency housing voucher was issued
- Extended stay housing voucher was issued
- Emergency food assistance was issued

\_\_\_\_\_  
District Staff Person's Signature and Title

\_\_\_\_\_  
Date

Distribution: Original: File Folder Copy: Participant Retention: Permanent