

SYSTEM GUIDE DIRECT OBSERVATION FORM CAT 2

I _____ (name of System Guide), certify that I spoke to
_____ (name of individual) on _____ (date)

To verify that _____ (name of participant) can no longer stay in
their current housing as of _____ (date) and will require assistance of
FL 507 Brighter Days Project to maintain reconnection or find stable housing.

Summary of Observation

I certify that participant has:

- No subsequent housing options
- No other resources and support network

To the best of my knowledge and ability, all information in this document is true and complete.

System Guide Signature:	Date Certified