



Date:

To: Fayette County Circuit Court Clerk

Re: Homeless ID program through the LFUCG Office of Homelessness Prevention and Intervention

_____ (Client's Name) with a date of birth of __/__/____ is a client of _____ (agency) and is participating in the _____ (project). This is a homeless individual as defined by (1) sleeping on the streets or in a place not meant for human habitation or (2) sleeping in an emergency shelter or homeless transitional housing. Said client will be using this agency's address as proof of Fayette County residency in order to obtain a state issues ID.

The Lexington-Fayette Urban County Government's Office of Homelessness Prevention and Intervention will reimburse the Fayette County Circuit Court Clerk for the cost of one \$4.00 homeless ID.

LFUCG's Office of Homelessness Prevention and Intervention **has approved the following agencies and/or projects** as proof of homelessness and reimbursable cost through OHPI.

- Arbor Youth Services Emergency Shelter or Street Outreach Program
- Catholic Action Center Emergency Shelter
- Community Action Council Emergency Family Housing Project
- GreenHouse17 Emergency Shelter or Transitional Housing Projects
- Hope Center Emergency Shelter for Men or Street Outreach Program
- Lexington Rescue Mission – outreach services for those living in a place not meant for human habitation or on the streets
- Natalie's Sisters Homeless Drop In Center
- New Life Day Center Homeless Day Center
- The Salvation Army Emergency Shelter for Women and Children
- Volunteers of America – Mid-States – outreach services for those living in a place not meant for human habitation or on the streets
- Veterans Administration Emergency Shelter/Transitional Housing for Homeless Veterans or Street Outreach Program for Homeless Veterans

