



MISSOURI DEPARTMENT OF
REVENUE
Certification of Homeless Status and Residency

Sections [302.171](#) and [302.181 RSMo](#), require applicants to provide residence address as part of the application and card format for a Missouri driver license, permit, or nondriver ID. [Missouri regulation 12 CSR 10-24.448](#) further defines documents that must be submitted as proof of residential address. This certification form is provided for the listed homeless services provider (“Agency”) to attest to the named individual’s homelessness at the time this certification is completed and that the named individual resides within the boundaries of Missouri. Eligible applicants must submit this certification form, completed in full, to the Missouri license office at the time of application for a Missouri nondriver id. This completed certification form will be retained, along with other eligible documents, as part of the Homeless Status & Residency application for a Missouri nondriver ID.

This certification does not establish proof of the applicant’s name, date of birth or Social Security number (SSN) as required by Missouri law to obtain Missouri nondriver ID. The applicant must also provide required documents to verify identity, lawful status, SSN, and name change, as applicable from the list of acceptable documents posted by the Missouri Department of Revenue at dor.mo.gov. Applicable fees for the nondriver ID will apply.

For purposes of this form a “homeless services provider” includes:

- 1) A Missouri governmental or nonprofit provider, with a Missouri address, serving a homeless individual or unaccompanied youth.
- 2) A Missouri licensed attorney, working for nonprofit, with a Missouri address, representing the homeless individual or unaccompanied youth in any legal matter.
- 3) A local Missouri education agency liaison for homeless children and youth, with a Missouri address, designated under 42 U.S.C. Section 11432(g)(1)(J)(ii), or a school social worker, or counselor.
- 4) A Missouri human services provider or public social services provider, with a Missouri address, funded by the State of Missouri to provide homeless services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services.

SECTION I.

To be completed by the person applying for a Missouri nondriver ID
(hereafter “Applicant”)

Applicant Information	First Name	Middle	Last	Date of Birth (MM/DD/YYYY) __ / __ / ____	
	Missouri Residence (Street Address)		City	State	ZIP Code

Under penalty of perjury, I swear or affirm that:

I am a homeless individual as defined under 42 U.S.C. Section 11302 or an unaccompanied youth as defined in 42 U.S.C Section 11434a(6) and I currently reside in Missouri and receive services from the Agency whose name and address are indicated on this defined document. I approve the Department of Revenue to retain an image of this completed certification form and the source documents presented at the time of application. I understand that the Missouri nondriver ID for which I am applying will be delivered to this Agency at the address listed on this document and I must pick up the nondriver ID from the Agency within sixty (60) days of the Agency’s receipt of the document. If I fail to collect the nondriver ID within this 60-day period, it will be returned to the Missouri Department of Revenue by the Agency.

Signature	Signature	Date (MM/DD/YYYY) __ / __ / ____

SECTION II.

To be completed by Agency or "homeless service provider" as defined above

Agency Information	Agency Name			
	Street (Mailing Address)	City	State	Zip Code
	Agency Phone Number (Include Area Code) (____) _____ - _____	Agency Federal Tax ID or Attorney Registration Number		

Under penalty of perjury, I swear or affirm that I am a representative of the above-referenced Agency, that I am a homeless service provider as defined above, and that the Applicant is a homeless person as defined under 42 U.S.C. Section 11302 or an unaccompanied youth as defined in 42 U.S.C Section 11434a(6) who is currently residing in Missouri and receiving services from this Agency.

I acknowledge that I accept responsibility for this Agency to receive, by United States mail, and hold in a secure location the nondriver ID issued to the Applicant and will make every effort to ensure the delivery of the nondriver ID to the Applicant. I also acknowledge that the Agency address will be listed on the Applicant's nondriver ID.

Should the Applicant not return to the Agency to pick up the nondriver ID within sixty (60) days of its receipt in this office, the Agency will return the nondriver ID to the Missouri Department of Revenue by marking the envelope "Return to Sender" and depositing it in the United States mail.

Signature	Signature of Agency Employee Making Certification	Date (MM/DD/YYYY) ____ / ____ / _____
	Printed Name of Agency of Employee	