

Current Living Situation (Complete for HoH and Each Adult)

Staff Initials _____

AGENCY: _____

PROGRAM NAME: _____

INFORMATION DATE (mm/dd/yyyy): _____

Client First Name	Middle Name	Last Name	Suffix	HMIS ID Number
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CURRENT LIVING SITUATION

<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Staying or Living in a friend's room, apartment, or house
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Rental by client in a public housing unit
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Host Home (non-crisis)	<input type="checkbox"/>	Other: Specify _____
<input type="checkbox"/>	Worker Unable to Determine	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Data Not Collected	<input type="checkbox"/>	Client Refused

If client is in an Institutional or Temporary or Permanent Housing Situation:

- Is client going to have to leave their current living situation within 14 days?
 - Yes
 - Client Doesn't Know
 - Data Not Collected
 - No
 - Client Refused
 - Not Applicable

- If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.
 1. Has a subsequent residence been identified?
 - Yes
 - Client Doesn't Know
 - Data Not Collected
 - No
 - Client Refused
 - Not Applicable

2. Does the individual or family have resources or support networks to obtain other permanent housing?
- Yes Client Doesn't Know Data Not Collected
 No Client Refused Not Applicable
3. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
- Yes Client Doesn't Know Data Not Collected
 No Client Refused Not Applicable
4. Has the client moved two (2) or more time in the last 60 days?
- Yes Client Doesn't Know Data Not Collected
 No Client Refused Not Applicable
5. Location details: _____

CLIENT SIGNATURE

INFORMATION DATE