

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**