

Client ID: _____

Project Name: _____

Staff Name: _____

HMIS Current Living Situation Form

To record contacts for persons entering HMIS project type: **All Outreach & CES**

Identification – All fields required unless otherwise noted

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Social Security Number (SSN)

Birth Date (DOB)

Date of Engagement

Date of Contact

_____/_____/_____

Current Living Situation: Record the client's current living situation information below

Literally Homeless	Institutional Situation	Temporary Housing	Permanent Housing
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Car/Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter, including hotel voucher or Host Home Shelter <input type="checkbox"/> Safe Haven <p><i>*If selection made, continue to Contact Service</i></p>	<input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-Term Care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <p><i>*If selection made, continue to question 2</i></p>	<input type="checkbox"/> Residential project or halfway house with now homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <p><i>*If selection made, continue to question 2</i></p>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <p>Subsidy Type:</p> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy <p><i>*If selection made, continue to question 2</i></p>

Other: _____ Client doesn't know Client prefers not to answer

2. Is client going to have to leave their current living situation within 14 days?

Yes (Continue to questions 3-6) No (Continue to Contact Service) Client doesn't know Client prefers not to answer

3. Has a subsequent residence been identified?

Yes No Client doesn't know Client prefers not to answer

4. Does client or family have resources or support networks to obtain other permanent housing?

Yes No Client doesn't know Client prefers not to answer

5. Has the client has a lease or ownership interest in a permanent housing unit in the last 60 days?

Yes No Client doesn't know Client prefers not to answer

6. Has the client moves 2 or more times in the last 60 days?

Yes No Client doesn't know Client prefers not to answer

Record Contact

Contact Services (Please list the service provided): _____