

Client ID: _____
 Project Name: _____
 Staff Name: _____

HMIS Current Living Situation Form

To record contacts for persons entering HMIS project type: **Non-Residential, Outreach, SSO & 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: <i>Record the client's current living situation information below</i>	
Literally Homeless	
<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 <i>*If selection made, continue to Contact Service</i>	
Institutional Situation	
<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 <i>*If selection made, continue to question 2</i>	
Temporary Housing	
<input type="checkbox"/> Residential project or halfway house with no 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 <i>*If selection made, continue to question 2</i>	
Permanent Housing	
<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRRH 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 <i>*If selection made, continue to question 2</i>	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
2. Is client going to have to leave their current living situation within 14 days?	
<input type="checkbox"/> Yes (<i>Continue to questions 3-6</i>) <input type="checkbox"/> No (<i>Continue to Contact Service</i>) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
3. Has a subsequent residence been identified?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
4. Does client or family have resources or support networks to obtain other permanent housing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
6. Has the client moves 2 or more times in the last 60 days?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Record Contact	
Contact Services (<i>Please list the service provided</i>): _____	