

## Current Living Situation (Formerly known as Contacts)

Head of Household and Adults

| HMIS CLIENT ID#                  | PROJECT NAME | DATE               |
|----------------------------------|--------------|--------------------|
|                                  |              |                    |
| FILL-IN AFTER SERVICEPOINT ENTRY |              | MONTH / DAY / YEAR |

### 1. CURRENT LIVING SITUATION

| Homeless Situation   | Institutional Situation  | Transitional or Permanent Situation   | Other   |
|--|--|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter</li> <li><input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</li> <li><input type="checkbox"/> Safe Haven</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Jail, prison or juvenile detention facility</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Host Home (non-crisis)</li> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> <li><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</li> <li><input type="checkbox"/> Rental by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client in a public housing unit</li> <li><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</li> <li><input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)</li> <li><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</li> <li><input type="checkbox"/> Rental by client, with VASH housing subsidy</li> <li><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Staying or living in a family member's room, apartment or house</li> <li><input type="checkbox"/> Staying or living in a friend's room, apartment or house</li> <li><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Worker unable to confirm</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul> |

### 2. LOCATION DETAILS: LIST ADDITIONAL LOCATION INFORMATION TO IDENTIFY WHERE THE CONTACT TOOK PLACE

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**ANSWER QUESTIONS (3-7) IF THE CLIENT IS IN AN INSTITUTIONAL, TEMPORARY OR PERMANENT LIVING SITUATION.**

|   |  |
|---|--|
| <b>3. IS THE CLIENT GOING TO HAVE TO LEAVE THEIR CURRENT LIVING SITUATION WITHIN 14 DAYS?</b>                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client Refused |
| <b>4. HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?</b>   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client Refused |
| <b>5. DOES THE INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?</b> | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client Refused |
| <b>6. HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?</b>   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client Refused |
| <b>7. HAS THE CLIENT MOVED 2 OR MORE TIMES IN THE LAST 60 DAYS?</b>   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client Refused |