

Current Living Situation
Head of Household and Adults

HMIS CLIENT ID#	PROJECT NAME	DATE OF INTERACTION
FILL-IN AFTER COMMUNITY SERVICES ENTRY		MONTH / DAY / YEAR

1. CURRENT LIVING SITUATION (CLS): CHECK THE BOX NEXT TO THE SITUATION THAT BEST DESCRIBES WHERE THE CLIENT IS CURRENTLY RESIDING. ONLY CHECK ONE BOX ON THE TABLE BELOW.

Homeless Situation	Institutional Situation	Temporary Situation or Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency Shelter (including hotel or motel paid for with emergency shelter voucher, or Host Home shelter) <input type="checkbox"/> Safe Haven	<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 align="center">TEMPORARY SITUATION</p> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <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"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <p align="center">PERMANENT HOUSING SITUATION</p> <input type="checkbox"/> Rental by client, NO ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <p align="center">IDENTIFY 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"/> Housing Stability 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 housing subsidy	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Worker unable to confirm <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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

IF THE CLIENT IS IN AN INSTITUTIONAL, TEMPORARY, PERMANENT, OR OTHER CLS, ANSWER QUESTION 3 ↓

3. IS THE CLIENT HAVING TO LEAVE THEIR CURRENT LIVING SITUATION WITHIN 14 DAYS?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Agency's LOGO



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IF "YES" TO QUESTION 3, ANSWER THE FOLLOWING QUESTIONS



a. HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
b. DOES THE INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
c. HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
d. HAS THE CLIENT MOVED 2 OR MORE TIMES IN THE LAST 60 DAYS?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer