

CURRENT LIVING SITUATION

For Head of Households and Adults in CoC, ESG, RHY, or PATH funded Street Outreach; PATH funded Services Only, ESG funded Night-by-Night Emergency Shelters, and Coordinated Entry Projects.

Street Outreach, Services Only, and Coordinated Entry: Record every contact made with each client by recording their Current Living Situation, including when the Project Start Date, Prior Living Situation or Date of Engagement is recorded on the same day. There may or may not be a contact made at project exit.

Night-by-Night Shelters: Only record a Current Living Situation if the interaction between the shelter personnel and the client goes beyond the basic provision of shelter services. A Current Living Situation for emergency shelter does not include activities of daily sheltering (e.g. bed registration, request for personal care items, dinner sign-up, meals, etc.)

PROJECT NAME											
CLIENT NAME											
CURRENT LIVING SITUATION DATE	<table border="1"> <tr> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			-			-				
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Current Living Situation <i>(PATH funded projects are limited to the response options with an asterisk *)</i>	
HOMELESS SITUATION	
<input type="checkbox"/> Place not meant for 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 RHY-funded Host Home shelter* <input type="checkbox"/> Safe Haven*	
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	
TRANSITIONAL HOUSING SITUATION	
<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 family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house	
PERMANENT HOUSING SITUATION	
<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Worker unable to determine* <input type="checkbox"/> Other* : _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Rental Subsidy Type if Rental by client, with ongoing housing subsidy is selected	

FY2024 OC HMIS: CURRENT LIVING SITUATION ASSESSMENT FORM

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| <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 |
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(Only for Coordinated Entry System Projects) Living Situation Verified by: <i>(Agency/Project that verified living situation information)</i>	
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<i>If the client's Current Living Situation is any of the non-homeless situation responses:</i> Is client going to have 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 <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days:</i> 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 <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days:</i> Does 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 <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days,</i> 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 <input type="checkbox"/> Data not collected
<i>If the client has to leave their current living situation within 14 days,</i> 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 <input type="checkbox"/> Data not collected
Location Details		

I certify that the information above is correct to the best of my knowledge.

Client Signature

Date

Agency Staff Signature

Date

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Comments
Was the current living situation assessment form completely and correctly filled out	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): _____