

Agency Name: \_\_\_\_\_



## CLARITY HMIS: CURRENT LIVING SITUATION

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

Record the date and location of each interaction/contact with a client by recording their *Current Living Situation*.  
The first *Current Living Situation* with the client will occur at the same point as *Project Start Date*.

### DATE OF CONTACT [Adults and Head of Household]

		/			/				
Month		Day		Year					

### CURRENT LIVING SITUATION [Adults and Head of Household]

FOR PROGRAMS FUNDED SOLELY BY PATH only the following values should be selected: "Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)," "Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter," "Safe Haven," "Other," or "Worker unable to determine."

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Other
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Worker unable to determine
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Data not collected
<b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

**LIVING SITUATION VERIFIED BY** *[Coordinated Entry Programs Only]*

<input type="radio"/>	Name of Program
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**Is the client going to have to leave their current living situation within 14 days?**

*[If 'Current Living Situation' response is a non-homeless situation]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**Has a subsequent residence been identified?**

*[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**Does an individual or family have resources or support networks to obtain other permanent housing?**

*[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?**

*[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**Has the client moved 2 or more times in the last 60 days?**

*[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**Location Details**

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Signature of applicant stating all information is true and correct

Date