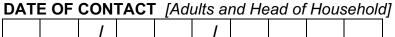
Alameda County HMIS



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*.



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."

		1	
0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Host Home (non-crisis)
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Staying or living in a friend's room, apartment, or house
0	Safe Haven	0	Staying or living in a family member's room, apartment or house
0	Foster care home or foster care group home	0	Rental by client, no ongoing housing subsidy
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Owned by client, with on-going housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, no on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Other
0	Substance abuse treatment facility or detox center	0	Worker unable to determine
0	Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
0	Residential project or halfway house with no homeless criteria	0	Client prefers not to answer
0	Hotel or motel paid for without emergency shelter voucher	0	Data not collected
IF	"RENTAL BY CLIENT, WITH ONGOING HOU	SIN	G SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing
0	Public Housing Unit		Other permanent bouging dedicated for
0	Rental by client, with other ongoing housing subsidy	0	Other permanent housing dedicated for formerly homeless persons

LIVING SITUATION VERIFIED BY [Coordinated Entry Programs Only]

• Name of Program

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]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	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?']

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	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?']

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	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?']

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	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?']

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer

RESOURCE ZONE [All Clients]

0	East County (Dublin, Pleasanton, Livermore)	0	Mid County East (Hayward, Unincorporated)
0	Mid County West (Alameda, San Leandro)	0	North County (Berkeley, Emeryville, Albany)
0	Oakland	0	South County (Fremont, Newark, Union City)

HCS REFERRAL SOURCE [All Clients]

0	Street Health	0	Access Point
0	Other		

HCS REFERRAL SOURCE - OTHER [All Clients]

0

Signature of applicant stating all information is true and correct Date