Marin County Continuum of Care

Standard HMIS Adult Client Current Living Situation

Program Name: _____   Case Worker/Intake Person: _____   Date: _____

CLIENT CURRENT LIVING SITUATION

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*. The service provider should complete this form while interviewing all Heads of Household and other Adults. A separate Current Living Situation form should be completed for each adult member of the household. Do not complete a Current Living Situation form for children unless they are the Head of Household.

1) Client Name	First	Last
2) Date of Contact	☐☐ / ☐☐ / ☐☐☐☐ Month Day Year	

CURRENT LIVING SITUATION [Head of Household and Adults]

Ask the client "Where do you think you will sleep or stay tonight?"

Homeless Situations
☐ Place not meant for human 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

Institutional Situations
☐ Foster care home or foster care group home
☐ Hospital or other residential non—psychiatric medical facility
☐ Jail, prison, or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center

Temporary Housing Situations
☐ Transitional housing for homeless persons (including homeless youth)
☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Host Home (non-crisis)
☐ Staying or living in a friend's room, apartment, or house
☐ Staying or living in a family member's room, apartment, or house

Permanent Housing Situations
☐ Rental by client, no ongoing housing subsidy
☐ **Rental by client, with ongoing housing subsidy**

Client Name_____

Head of Household Name (if not Self) _____

	❏ Owned by client, with ongoing housing subsidy ❏ Owned by client, no ongoing housing subsidy **<u>Other</u>** ❏ Other ❏ Worker unable to determine ❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
Rental Subsidy Type: *If **"Rental by client, with ongoing housing subsidy"** is selected, please select the type of housing subsidy in use.*	❏ GPD TIP housing subsidy ❏ VASH housing subsidy ❏ RRH or equivalent subsidy ❏ HCV voucher (tenant or project based) (not dedicated) ❏ Public housing unit ❏ Rental by client, with other ongoing housing subsidy ❏ Emergency Housing Voucher (EHV) ❏ Family Unification Program Voucher (FUP) ❏ Foster Youth to Independence Initiative (FYI) ❏ Permanent Supportive Housing ❏ Other permanent housing dedicated for formerly homeless persons

Living Situation Verified By [Coordinated Entry Programs only]

Name of Program:

IF THE CLIENT'S CURRENT LIVING SITUATION FALLS UNDER THE "INSTITUTIONAL," "TRANSITIONAL," OR "PERMANENT HOUSING SITUATIONS," YOU MUST ANSWER THE FOLLOWING QUESTIONS:

1) Is the client going to have to leave their current living situation within 14 days?	❏ Yes　　❏ No　　❏ Client doesn't know　❏ Client prefers not to answer ❏ Data Not Collected

If "yes", also answer the following 4 questions:

2) Has a subsequent residence been identified?	❏ Yes　　❏ No　　❏ Client doesn't know　　❏ Client prefers not to answer ❏ Data Not Collected
3) Does individual or family have resources or support networks to obtain other permanent housing?	❏ Yes　　❏ No　　❏ Client doesn't know　　❏ Client prefers not to answer ❏ Data Not Collected
4) Has the client been in permanent housing in the last 60 days that was leased or owned?	❏ Yes　　❏ No　　❏ Client doesn't know　　❏ Client prefers not to answer ❏ Data Not Collected
5) Has the client moved 2 or more times in the last 60 days?	❏ Yes　　❏ No　　❏ Client doesn't know　　❏ Client prefers not to answer ❏ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____

LOCATION DETAILS
Additional Information as Needed:

Client Name_____

Head of Household Name (if not Self) _____