



A Tradition of Stewardship  
A Commitment to Service

Napa 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*. **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 clients **under** the age of 18 *unless they are the Head of Household*.

|                           |  |             |      |  |   |  |  |   |  |  |  |  |       |     |  |      |  |  |  |  |  |  |
|---------------------------|--|-------------|------|--|---|--|--|---|--|--|--|--|-------|-----|--|------|--|--|--|--|--|--|
| <b>1) Client Name</b>     | <b>First</b>   | <b>Last</b> |      |  |   |  |  |   |  |  |  |  |       |     |  |      |  |  |  |  |  |  |
| <b>2) Date of Contact</b> | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 5%;">/</td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 5%;">/</td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td></td> <td>Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |             |      |  | / |  |  | / |  |  |  |  | Month | Day |  | Year |  |  |  |  |  |  |
|                           |  | /           |      |  | / |  |  |   |  |  |  |  |       |     |  |      |  |  |  |  |  |  |
| 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) \_\_\_\_\_

|  |  |
|--|--|
|  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy<br><input type="checkbox"/> Owned by client, no ongoing housing subsidy<br><br><b>Other</b><br><input type="checkbox"/> Other<br><input type="checkbox"/> Worker unable to determine<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected  |
| <b>Rental Subsidy Type:</b><br><i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i>                     | <input type="checkbox"/> GPD TIP housing subsidy<br><input type="checkbox"/> VASH housing subsidy<br><input type="checkbox"/> RRH or equivalent subsidy<br><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)<br><input type="checkbox"/> Public housing unit<br><input type="checkbox"/> Rental by client, with other ongoing housing subsidy<br><input type="checkbox"/> Emergency Housing Voucher (EHV)<br><input type="checkbox"/> Family Unification Program Voucher (FUP)<br><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)<br><input type="checkbox"/> Permanent Supportive Housing<br><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
| <b>Living Situation Verified By [Coordinated Entry Programs only]</b><br>Name of Program: _____  |  |
| <b>IF THE CLIENT'S CURRENT LIVING SITUATION FALLS UNDER THE "INSTITUTIONAL," "TRANSITIONAL," OR "PERMANENT HOUSING SITUATIONS," YOU MUST ANSWER THE FOLLOWING QUESTIONS:</b> |  |
| <b>1) Is the client going to have to leave their current living situation within 14 days?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected   |
| <b>If "yes", also answer the following 4 questions:</b>  |  |
| <b>2) Has a subsequent residence been identified?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected   |
| <b>3) Does individual or family have resources or support networks to obtain other permanent housing?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected   |
| <b>4) Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected   |
| <b>5) Has the client moved 2 or more times in the last 60 days?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> 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) \_\_\_\_\_