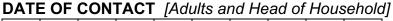Agency Name: _____

CLARITY
HUMAN SERVICES

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 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 RHY-funded Host Home shelter', 'Safe Haven', 'Other', or 'Worker unable to determine'.

○	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	○	Rental by client, with GPD TIP housing subsidy
○	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	○	Rental by client, with VASH housing subsidy
○	Safe Haven	○	Rental by client, with RRH or equivalent subsidy
○	Foster care home or foster care group home	○	Rental by client, with HCV voucher (tenant or project based)
○	Hospital or other residential non-psychiatric medical facility	○	Rental by client in a public housing unit
○	Jail, prison or juvenile detention facility	○	Rental by client, no ongoing housing subsidy
○	Long-term care facility or nursing home	○	Rental by client, with other ongoing housing subsidy
○	Psychiatric hospital or other psychiatric facility	○	Owned by client, with ongoing housing subsidy
○	Substance abuse treatment facility or detox center	○	Owned by client, no ongoing housing subsidy
○	Residential project or halfway house with no homeless criteria	○	Other
○	Hotel or motel paid for without emergency shelter voucher	○	Worker unable to determine
○	Transitional housing for homeless persons (including h homeless youth)	○	Client doesn't know
○	Host Home (non-crisis)	○	Client refused
○	Staying or living in a friend's room, apartment or house	○	Data not collected
○	Staying or living in a family member's room, apartment or house		

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

o	Name of Program

Is client going to have to leave their current living situation within 14 days?
[If 'Current Living Situation' response is a non-homeless situation]

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	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?']

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	Data not collected

Does 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?']

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	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?']

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	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?']

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	Data not collected

Location Details

Signature of applicant stating all information is true and correct   Date