Use this form to document Housing Problem Solving Conversations in HMIS.

CLARITY HMIS: HOUSING PROBLEM SOLVING CoC MINIMAL PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT NAME ***[​All Clients]*** | | | | | | | | | | | | | | | | | | | N/A |
| **Last** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| **First** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| **Suffix** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |

SOCIAL SECURITY NUMBER​ **​*[All Clients]***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *­* |  |  | *­* |  |  |  |  |

DATE OF BIRTH**​ ​*[All Clients]***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *­* |  |  | *­* |  |  |  |  | **Age:** |

Month DayYear

HOUSING PROBLEM SOLVING PROJECT START DATE​ *​*​ *​*

***[All Clients]***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *­* |  |  | *­* |  |  |  |  |

Month DayYear

PRIOR LIVING SITUATION

|  |
| --- |
| TYPE OF RESIDENCE (DATA ENTRY ONLY) |
| Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LENGTH OF STAY IN PRIOR LIVING SITUATION (LENGTH OF STAY IN MOTEL) | | | | |
| One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know |
| Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client refused |
| One week or more, but less than one month | ○ | One year or longer | ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| Approximate Date Homelessness Started (if no prior history of homelessness, then record date enrolled in FEMA Motel) | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years | | | |
| ○ | One Time | ○ | Client doesn’t know |
| ○ | Two Times | ○ | Client refused |
| ○ | Three Times | ○ | Data not collected |
| ○ | Four or More Times |  |  |
| Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years | | | |
| ○ | One month (this time is the first month) | ○ | Client doesn’t know |
| ○ | 2­-12 months (specify number of months): \_\_\_\_\_\_\_\_ | ○ | Client refused |
| ○ | More than 12 months | ○ | Data not collected |