CLARITY HMIS: HOUSING PROBLEM SOLVING CoC PROJECT SERVICES FORM

Record the [PS] Housing Problem Solving Attempted service once. All other services should be documented every time there is a housing problem solving conversation.

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| CURRENT NAME  | N/A  |
| **Last**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| **First**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |

 DATE OF BIRTH

SOCIAL SECURITY NUMBER​ **​**Month Day Year

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| [PS] Housing Problem Solving Attempted (only record this once) |
| Service Item | Start Date | Service Note | Client housed/ re-housed in a safe alternative(Y/N) | Result Date |
| Phone Call |  |  |  |  |
| In Person |  |  |  |  |

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| **[PS] Housing Problem Solving Connection to Services** |
| Service Item | Date | Date | Date | Date | Service Notes  | Client housed/re-housed in a safe alternative **(Y/N) \***mark “no” until the final interaction when a person is housed. | Result Date |
| Child care services (non financial) |  |  |  |  |  |  |  |
| Case Management |  |  |  |  |  |  |  |
| Education Services |  |  |  |  |  |  |  |
| Employment Services |  |  |  |  |  |  |  |
| Food bank or Clothing |  |  |  |  |  |  |  |
| Legal Assistance |  |  |  |  |  |  |  |
| Mental Health/Counseling Resource |  |  |  |  |  |  |  |
| Other Resources |  |  |  |  |  |  |  |
| Physical Disability Services |  |  |  |  |  |  |  |
| Alcohol and/or Substance Use Services |  |  |  |  |  |  |  |

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| **[PS] Housing Problem Solving Financial Assistance** |
| Service Item | Date | Date | Date | Date | Expense Amount | Expense Date | Service Notes | Client housed/re-housedin a safe alternative**(Y/N)** \*mark “no” until the final interaction when a person is housed. | Result Date |
| Child Care Assistance (financial) |  |  |  |  |  |  |  |  |  |
| Education or Employment supplies |  |  |  |  |  |  |  |  |  |
| Legal Fees/IDs/Background Checks |  |  |  |  |  |  |  |  |  |
| Moving costs |  |  |  |  |  |  |  |  |  |
| Other Financial assistance |  |  |  |  |  |  |  |  |  |
| Pet related costs |  |  |  |  |  |  |  |  |  |
| Rental Assistance |  |  |  |  |  |  |  |  |  |
| Security Deposit |  |  |  |  |  |  |  |  |  |
| Transportation Assistance |  |  |  |  |  |  |  |  |  |
| Utility Assistance |  |  |  |  |  |  |  |  |  |

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| **[PS] Housing Problem Solving Mediation** |
| Service Item | Date | Date | Date | Date | Service Note | Client housed/re-housed in a safe alternative **(Y/N)** \*mark “no” until the final interaction when a person is housed. | Result Date |
| Mediation with Employer or Landlord |  |  |  |  |  |  |  |
| Mediation with Family/Friends |  |  |  |  |  |  |  |
| Mediation with Partner |  |  |  |  |  |  |  |
| Mediation with Roommates |  |  |  |  |  |  |  |
| Mediation with RRH/PSH Housing Program |  |  |  |  |  |  |  |
| Other Mediation |  |  |  |  |  |  |  |