

HMIS # _____
Client Name _____
Staff Name _____
Date Form Completed _____

### Santa Cruz County HMIS – Current Living Situation

The service provider should complete this form while interviewing all Heads of Household and other Adults. ***This form must be completed every 90 days a client has been enrolled in a specific program, regardless of whether their information has changed.*** 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.

#### Date of Data Collection

		/			/				
Month			Day			Year			

#### 4.12 Current Living Situation [Head of Household and Adults]

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

***There are no Safe Havens in Santa Cruz County.***

##### 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 [collect additional info below]**
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

##### Other

- Other
- Worker unable to determine
- Client doesn’t know
- Client prefers not to answer

<p><b>Rental Subsidy Type:</b></p> <p><i>If “Rental by client, with ongoing housing subsidy” is selected, please select the type of housing subsidy in use.</i></p>	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher (EHV) <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
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**Living Situation Verified By [For H4H Connectors ONLY. Otherwise leave blank]**

**If client’s Current Living Situation falls under the “Institutional,” “Transitional Housing Situations,” or “Permanent Housing Situations,” you must answer the following questions:**

<p><b>Is client going to have to leave their current living situation within 14 days?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer
<p><b>If “yes”, also answer the following 4 questions</b></p>	
<p>Has a subsequent residence been identified?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer
<p>Does individual or family have resources or support networks to obtain other permanent housing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer
<p>Has the client been in permanent housing in the last 60 days that was leased or owned?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer
<p>Has the client moved 2 or more times in the last 60 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer

**Location Details (Additional information as needed)**