



| |
|------------------------------------|
| HMIS # _____ |
| CM Name _____ |
| Date of Contact ____ / ____ / ____ |

Santa Cruz County HMIS –PATH Current Living Situation

This form is designed to be completed by a service provider in PATH Programs for Heads of Household and Adults. A separate Current Living Situation form should be completed for each adult member of the household.

Client Profile

| | |
|---|---------------|
| First Name | Middle |
| Last Name | |
| Alias (If multiple aliases, separate by commas) | |

4.12 Current Living Situation

| | |
|--------------------------|--|
| Type of Residence | Homeless Situation <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
|--------------------------|--|

Location Details

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

Print Name of Client

Signature of Client

Date

Print Name of Intake Worker

Signature of Intake Worker

Date