



## Marin County Continuum of Care

## Standard HMIS Adult Client Current Living Situation

Program Name: \_\_\_\_\_ Case Worker/Intake Person: \_\_\_\_\_ Date: \_\_\_\_\_

**CLIENT CURRENT LIVING SITUATION**

Record the date and location of each interaction/contact 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*. The service provider should complete this form while interviewing all Heads of Household and other Adults. 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.

1) Client Name

First

Last

2) Date of Contact

		/			/				
Month			Day			Year			

**CURRENT LIVING SITUATION [Head of Household and Adults]**

*Ask the client "Where do you think you will sleep or stay tonight?"*

**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

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

	<p><b><u>Permanent Housing Situations</u></b></p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> <b>Rental by client, with ongoing housing subsidy</b></p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><b><u>Other</u></b></p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Worker unable to determine</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>
<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>	<p><input type="checkbox"/> GPD TIP housing subsidy</p> <p><input type="checkbox"/> VASH housing subsidy</p> <p><input type="checkbox"/> RRH or equivalent subsidy</p> <p><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)</p> <p><input type="checkbox"/> Public housing unit</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Emergency Housing Voucher (EHV)</p> <p><input type="checkbox"/> Family Unification Program Voucher (FUP)</p> <p><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)</p> <p><input type="checkbox"/> Permanent Supportive Housing</p> <p><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons</p>
<p><b>Living Situation Verified By [Coordinated Entry Programs only]</b></p> <p>Name of Program: _____</p>	
<p><b>IF THE CLIENT'S CURRENT LIVING SITUATION FALLS UNDER THE "INSTITUTIONAL," "TRANSITIONAL," OR "PERMANENT HOUSING SITUATIONS," YOU MUST ANSWER THE FOLLOWING QUESTIONS:</b></p>	
<p><b>1) Is the client going to have to leave their current living situation within 14 days?</b></p>	<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> <p><input type="checkbox"/> Data Not Collected</p>
<p><b>If "yes", also answer the following 4 questions:</b></p>	
<p><b>2) Has a subsequent residence been identified?</b></p>	<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> <p><input type="checkbox"/> Data Not Collected</p>
<p><b>3) Does individual or family have resources or support networks to obtain other permanent housing?</b></p>	<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> <p><input type="checkbox"/> Data Not Collected</p>
<p><b>4) Has the client been in permanent housing in the last 60 days that was leased or owned?</b></p>	<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> <p><input type="checkbox"/> Data Not Collected</p>

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<b>5) Has the client moved 2 or more times in the last 60 days?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer  <input type="checkbox"/> Data Not Collected
<b>LOCATION DETAILS</b>	
<b>Additional Information as Needed:</b>	

Client Name\_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_