

THE COALITION

OF HOMELESS SERVICES PROVIDERS

HMIS # _____
 CM Name _____
 Project Entry Date ____ / ____ / ____

Monterey/San Benito County HMIS – CoC, ESG, RHY, YHDP Current Living Situation

This form is designed to be completed by a service provider in Emergency Night-by-Night, Street Outreach, Services Only, and all YHDP Projects 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	<p><u>Homeless Situation</u></p> <p><input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)</p> <p><input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter</p> <p><input type="checkbox"/> Safe Haven</p> <p><u>*Institutional Situations</u></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non—psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p><u>*Transitional & Permanent Housing Situation</u></p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel Paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Rental by client with GPD TIP housing subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH housing subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</p> <p><input type="checkbox"/> Rental by client in a public housing unit</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</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><u>Other</u></p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Client doesn't know</p> <p style="text-align: right;"><input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client refused</p>
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***If client's Type of Residence is Institutional or Transitional & Permanent Housing Situation, answer the following questions.**

Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> *Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
*Continue answering the following questions if Yes	
Has a subsequent residence been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Does individual or family have resources or support networks to obtain other permanent housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Has the client moved 2 or more times in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <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