



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

Monterey/San Benito 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	<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>Other</u></p> <p><input type="checkbox"/> Worker unable to determine</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>
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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