

Agency Name: _____



CLARITY HMIS: CURRENT LIVING SITUATION

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

Record the date and location of each interaction 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*.

DATE OF CONTACT [Adults and Head of Household]

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Month

Day

Year

CURRENT LIVING SITUATION [Adults and Head of Household]

FOR PROGRAMS FUNDED SOLELY BY PATH only the following values should be selected: 'Place not meant for 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 RHY-funded Host Home shelter', 'Safe Haven', 'Other', or 'Worker unable to determine'.

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Other
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Worker unable to determine
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment or house	<input type="radio"/>	Data not collected
<input type="radio"/>	Staying or living in a family member's room, apartment or house		

LIVING SITUATION VERIFIED BY *[Coordinated Entry Programs Only]*

○	Name of Program
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Is client going to have to leave their current living situation within 14 days?

[If 'Current Living Situation' response is a non-homeless situation]

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

Has a subsequent residence been identified?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

Does individual or family have resources or support networks to obtain other permanent housing?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

Has the client moved 2 or more times in the last 60 days?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

Location Details

Signature of applicant stating all information is true and correct Date