



A Tradition of Stewardship
A Commitment to Service

Napa 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*. **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 clients **under** the age of 18 *unless they are the Head of Household*.

1) Client Name	First	Last																				
2) Date of Contact	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="4">Year</td> </tr> </table>				/			/					Month			Day			Year			
		/			/																	
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
- Permanent Housing Situations**
- Rental by client, no ongoing housing subsidy
 - Rental by client, with ongoing housing subsidy**

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy Other <input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i>	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher (EHV) <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
Living Situation Verified By [Coordinated Entry Programs only] Name of Program: _____	
IF THE CLIENT'S CURRENT LIVING SITUATION FALLS UNDER THE "INSTITUTIONAL," "TRANSITIONAL," OR "PERMANENT HOUSING SITUATIONS," YOU MUST ANSWER THE FOLLOWING QUESTIONS:	
1) Is the 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 prefers not to answer <input type="checkbox"/> Data Not Collected
If "yes", also answer the following 4 questions:	
2) 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 prefers not to answer <input type="checkbox"/> Data Not Collected
3) 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 prefers not to answer <input type="checkbox"/> Data Not Collected
4) 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 prefers not to answer <input type="checkbox"/> Data Not Collected
5) 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 prefers not to answer <input type="checkbox"/> Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

LOCATION DETAILS

Additional Information as Needed:

Client Name _____

Head of Household Name (if not Self) _____