



CONTACTS INFORMATION

Print additional copies of this page as needed.

CURRENT LIVING SITUATION	
Record the date and location of each interaction with a client by recording their Current Living Situation.	
Information Date (Date of Contact):	
Where is the client currently staying? Select only one.	
Homeless Situation	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter
Institutional Situation	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance use treatment facility or detox center
Temporary Housing	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house
Permanent Housing	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify to the right) → <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 (specify): <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Organization that verified client's living situation:	
Worker who made contact with client:	
Client location details (cross-streets, intersections, park):	

if Rental by client, with housing subsidy, specify only one:	
<input type="checkbox"/> GPD TIP	<input type="checkbox"/> GPD TIP
<input type="checkbox"/> VASH	<input type="checkbox"/> VASH
<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> RRH or equivalent
<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Housing Choice (HCV)
<input type="checkbox"/> Public housing	<input type="checkbox"/> Public housing

If the client is currently in a <u>non-homeless situation</u>, will the client have to leave within 14 days?			<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answers below.)			
<input type="checkbox"/> No	Yes	No	
Has a subsequent residence been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Does client have resources or support networks to obtain other permanent housing?	<input type="checkbox"/>	<input type="checkbox"/>	
Has client had a lease or ownership interest in a permanent housing unit in last 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	
Has client moved 2 or more times in the past 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	