

HMIS #  
CM Name   
Date of Contact / /

**Santa Cruz 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.

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| **Client Profile** | | |
| **First Name** |  | **Middle** |
| **Last Name** |  |  |
| **Alias** (If multiple aliases, separate by commas) |  | |

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| **4.12 Current Living Situation** | |
| **Type of Residence** | **Homeless Situation**  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  **\*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  **\*Transitional & Permanent Housing Situation**   Residential project or halfway house with no homeless criteria  Hotel or motel Paid for without emergency shelter voucher  Transitional housing for homeless persons (including homeless youth)  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  Rental by client with GPD TIP housing subsidy  Rental by client, with VASH housing subsidy  Permanent housing (other than RRH) for formerly homeless persons  Rental by client, with RRH or equivalent subsidy  Rental by client, with HCV voucher (tenant or project based)  Rental by client in a public housing unit  Rental by client, no ongoing housing subsidy  Rental by client, with other ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Owned by client, no ongoing housing subsidy  **Other**  Other Worker unable to determine  Client doesn’t know Client refused |

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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?** | \*Yes No Client doesn’t know Client refused |
| **\*Continue answering the following questions if Yes** | |
| Has a subsequent residence been identified? | Yes No Client doesn’t know Client refused |
| Does individual or family have resources or support networks to obtain other permanent housing? | Yes No Client doesn’t know Client refused |
| Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? | Yes No Client doesn’t know Client refused |
| Has the client moved 2 or more times in the last 60 days? | Yes No Client doesn’t know Client refused |

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| **Location Details** |
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I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

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| Print Name of Client | Signature of Client | Date |
| Print Name of Intake Worker | Signature of Intake Worker | Date |