

HMIS #  
CM Name   
Date of Contact / /

**Santa Cruz 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.

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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 **Other**  Worker unable to determine  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 |