

1. Institutional Situations <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 abuse treatment facility or detox center Temporary Housing Situations <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"/> Transitional housing for homeless persons (including youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friends, room apartment or house <input type="checkbox"/> Staying or living in a family members room, apartment, or house		Permanent Housing Situations <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy Other <input type="checkbox"/> Other: _____ <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know	
Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, continue to contact service information	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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 refused
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 refused
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 refused
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 refused
Contact Service information			
Contact Service: <input type="checkbox"/> Case Management		Geolocation: <input type="checkbox"/> (Reminder to check box in HMIS)	
Additional Questions			
1a. Is there violence or conflict in the place you were staying last night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
1b. Is your health or safety at risk in the place you were staying last night?	<input type="checkbox"/> Yes, continue to 1c <input type="checkbox"/> No, continue to 1d <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
1c. Do you have another place to go?	<input type="checkbox"/> Yes, continue to 1d <input type="checkbox"/> No, Special intervention likely needed. If DV may not be able to use HMIS (comment) _____ <input type="checkbox"/> NA <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
1d. How long could you potentially stay?	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than a month <input type="checkbox"/> One month or more but less than 90 days	<input type="checkbox"/> 90 Days or more, but less than a year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Prioritization Status:	<input type="checkbox"/> Placed on prioritization list <input type="checkbox"/> Not placed on prioritization list		