

HMIS Current Living Situation Universal Outreach Contact

Client ID: _____

Project Name: _____

Staff Completing HMIS Form: _____

To record contacts for persons entering HMIS project type: **All Outreach**

Identification - All fields required unless otherwise noted

First Name _____ Middle Name _____
Last Name _____ Suffix _____

Social Security Number (SSN)	Birth Date (DOB)	Date of Engagement
____ - ____ - ____	____ / ____ / ____	____ / ____ / ____

Date of Contact ____ / ____ / ____

Current Living Situation

Record the client's current living situation information below.

- 1. Living Situation:**
- Place not meant for habitation
 - Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
 - Safe Haven
 - 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
 - Residential project or halfway house with no homeless criteria
 - Hotel or motel paid for without emergency shelter voucher
 - Rental by client, with VASH subsidy
 - Transitional housing for homeless persons (including homeless youth)
 - Host Home (non-crisis)
 - Staying or living in a family member's room, apartment or house
 - Staying or living in a friend's room, apartment or house
 - Rental by client, with GPD TIP 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, with 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: _____
 - Worker unable to determine
 - Client doesn't know
 - Client refused

2. Is client going to have to leave their current living situation within 14 days? Yes Client doesn't know
 No Client refused

3. Has a subsequent residence been identified? Yes Client doesn't know
 No Client refused

4. Does individual or family have resources or support networks to obtain other permanent housing? Yes Client doesn't know
 No Client refused

5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? Yes Client doesn't know
 No Client refused

6. Has the client moved 2 or more times in the last 60 days? Yes Client doesn't know
 No Client refused

Record Contact Service

Contact Service: _____
(Please list the service provided)