

First Name: _____ **Last Name:** _____

Agency: _____ **Case Worker:** _____

Information Date* (Date of Encounter): _____

Program*: _____

CURRENT LIVING SITUATION* (Select only one answer)

Homeless Situations:

- Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter
- Place not meant for habitation – unsheltered, living on the street, beach, part, etc.
- Safe Haven

Institutional Situations:

- Psychiatric hospital or other psychiatric facility
- Long-term care facility or nursing home
- Substance abuse treatment facility or detox center
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility

Temporary/Permanent Situations:

- Hotel or motel paid for without emergency shelter voucher
- Rental by client, with VASH subsidy
- Owned by client, no ongoing housing subsidy
- Rental by client, with GPD TIP subsidy
- Owned by client, with ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client with RRH or equivalent subsidy
- Staying or living in a friend’s room, apartment or house
- Host Home (non-crisis)
- Staying or living in a family member’s room, apartment or house
- Rental by client with HCV voucher (tenant or project based)
- Transitional housing for homeless person (including homeless youth)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy (including RRH)

Other:

- Worker unable to determine
- Client refused
- Client doesn’t know
- Data not collected
- Other _____

***If an Institutional OR Temporary/Permanent situation is chosen:**

Is client going to have to leave their current living situation within 14 days?*

- No
- Yes*
- Client doesn’t know
- Client Refused
- Data not collected

If “Yes” to the above, please answer the following*:

Has a subsequent residence been identified?*

- No
- Yes*
- Client doesn’t know
- Client Refused
- Data not collected

Does the individual or family have resources or support networks to obtain other permanent housing?*

- No
- Yes*
- Client doesn’t know
- Client Refused
- Data not collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?*

- No
- Yes*
- Client doesn’t know
- Client Refused
- Data not collected

Has the client moved two or more times in the last 60 days?*

- No
- Yes*
- Client doesn’t know
- Client Refused
- Data not collected

Location Details* (Text): _____

Service Type*: *(Auto populates to Encounter)*