Agency Name: _____

CLARITY HMIS: CURRENT LIVING SITUATION

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

Record the date and location of each interaction/contact with a client by recording their *Current Living Situation*. The first *Current Living Situation* with the client will occur at the same point as *Project Start Date.*

DATE OF CONTACT *[Adults and Head of Household]*

		/			/				
Month			**Day**				**Year**		

CURRENT LIVING SITUATION *[Adults and Head of Household]*

FOR PROGRAMS FUNDED SOLELY BY PATH only the following values should be selected: "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 Host Home shelter,""Safe Haven,""Other," or "Worker unable to determine."

○	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	○	Host Home (non-crisis)
○	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	○	Staying or living in a friend's room, apartment, or house
○	Safe Haven	○	Staying or living in a family member's room, apartment or house
○	Foster care home or foster care group home	○	Rental by client, no ongoing housing subsidy
○	Hospital or other residential non-psychiatric medical facility	○	Rental by client, with ongoing housing subsidy
○	Jail, prison or juvenile detention facility	○	Owned by client, with on-going housing subsidy
○	Long-term care facility or nursing home	○	Owned by client, no on-going housing subsidy
○	Psychiatric hospital or other psychiatric facility	○	Other
○	Substance abuse treatment facility or detox center	○	Worker unable to determine
○	Transitional housing for homeless persons (including homeless youth)	○	Client doesn't know
○	Residential project or halfway house with no homeless criteria	○	Client prefers not to answer
○	Hotel or motel paid for without emergency shelter voucher	○	Data not collected
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
○	GPD TIP housing subsidy	○	Emergency Housing Voucher
○	VASH Housing subsidy	○	Family Unification Program Voucher (FUP)
○	RRH or equivalent subsidy	○	Foster Youth to Independence Initiative (FYI)
○	HCV voucher (tenant or project based) (not dedicated)	○	Permanent Supportive Housing
○	Public Housing Unit	○	Other permanent housing dedicated for formerly homeless persons
○	Rental by client, with other ongoing housing subsidy		

LIVING SITUATION VERIFIED BY *[Coordinated Entry Programs Only]*

○	Name of Program

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

[If 'Current Living Situation' response is a non-homeless situation]

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

Has a subsequent residence been identified?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

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

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

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

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

Has the client moved 2 or more times in the last 60 days?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

Location Details

Signature of applicant stating all information is true and correct **Date**