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 DayYear

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 RHY-funded 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) | ○ | Rental by client, with GPD TIP housing subsidy |
| --- | --- | --- | --- |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | ○ | Rental by client, with VASH housing subsidy |
| ○ | Safe Haven | ○ | Rental by client, with RRH or equivalent subsidy |
| ○ | Foster care home or foster care group home | ○ | Rental by client, with HCV voucher (tenant or project based) |
| ○ | Hospital or other residential non-psychiatric medical facility | ○ | Rental by client in a public housing unit |
| ○ | Jail, prison, or juvenile detention facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Rental by client, with other ongoing housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Owned by client, no ongoing housing subsidy |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Other |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Worker unable to determine |
| ○ | Transitional housing for homeless persons (including h homeless youth) | ○ | Client doesn't know |
| ○ | Host Home (non-crisis) | ○ | Client refused |
| ○ | Staying or living in a friend’s room, apartment or house | ○ | Data not collected |
| ○ | Staying or living in a family member’s room, apartment or house |

# **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 refused |
| ○ | 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 refused |
| ○ | 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 refused |
| ○ | 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 refused |
| ○ | 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 refused |
| ○ | Data not collected |

Location Details

|  |
| --- |

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Signature of applicant stating all information is true and correct Date