



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

Standard HMIS Adult Client Current Living Situation

Program Name: _____ Case Worker/Intake Person: _____ Date: _____

CLIENT CURRENT LIVING SITUATION

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*. **A separate Current Living Situation form should be completed for each adult member of the household.** Do not complete a Current Living Situation form for clients **under** the age of 18 *unless they are the Head of Household*.

1) Client Name

First

Last

2) Date of Contact

		/			/				
Month			Day			Year			

CURRENT LIVING SITUATION [Head of Household and Adults]

Ask the client "Where do you think you will sleep or stay tonight?"

Homeless Situations

- ☐ Place not meant for human 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

Institutional Situations

- ☐ 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

Temporary Housing Situations

- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house

Client Name _____

Head of Household Name (if not Self) _____

	Permanent Housing Situations ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy Other ☐ Other ☐ Worker unable to determine ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i>	☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated) ☐ Public housing unit ☐ Rental by client, with other ongoing housing subsidy ☐ Emergency Housing Voucher (EHV) ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing ☐ Other permanent housing dedicated for formerly homeless persons
Living Situation Verified By [Coordinated Entry Programs only] Name of Program:	
IF THE CLIENT'S CURRENT LIVING SITUATION FALLS UNDER THE "INSTITUTIONAL," "TRANSITIONAL," OR "PERMANENT HOUSING SITUATIONS," YOU MUST ANSWER THE FOLLOWING QUESTIONS:	
1) Is the client going to have to leave their current living situation within 14 days?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
If "yes", also answer the following 4 questions:	
2) Has a subsequent residence been identified?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
3) Does individual or family have resources or support networks to obtain other permanent housing?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
4) Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

5) Has the client moved 2 or more times in the last 60 days?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
LOCATION DETAILS	
Additional Information as Needed:	

Client Name_____

Head of Household Name (if not Self) _____