
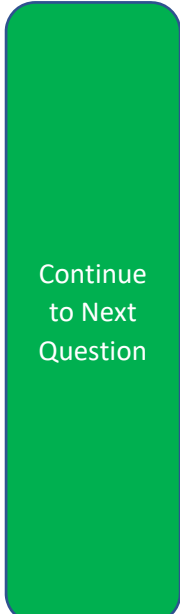


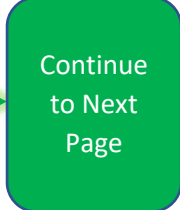


Current Living Situation

Date: ____/____/____

Select one

Homeless Situations	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/>	
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	
	Safe Haven	<input type="checkbox"/>	
Institutional Situations	Foster care home or foster care group home	<input type="checkbox"/>	
	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	
	Jail, prison or juvenile detention facility	<input type="checkbox"/>	
	Long-term care facility or nursing home	<input type="checkbox"/>	
	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	
	Substance abuse treatment facility or detox center	<input type="checkbox"/>	
Temporary and Permanent Housing Situations	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	
	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	
	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	
	Host Home (non-crisis)	<input type="checkbox"/>	
	Staying or living in a friend's room, apartment or house	<input type="checkbox"/>	
	Staying or living in a family member's room, apartment or house	<input type="checkbox"/>	
	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	
	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	
	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	
	Rental by client, with RRH or equivalent subsidy	<input type="checkbox"/>	
	Rental by client, with HCV voucher (tenant or project based)	<input type="checkbox"/>	
	Rental by client in a public housing unit	<input type="checkbox"/>	
	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	
	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	
	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	
Owned by client, no ongoing housing subsidy	<input type="checkbox"/>		
Other	Other	<input type="checkbox"/>	
	Worker unable to determine	<input type="checkbox"/>	
	Client doesn't know	<input type="checkbox"/>	
	Client refused	<input type="checkbox"/>	
	Data not collected	<input type="checkbox"/>	

Is client going to have to leave their current living situation within 14 days?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
	Client doesn't know	<input type="checkbox"/>		
	Client refused	<input type="checkbox"/>		
	Data not collected	<input type="checkbox"/>		

Has a subsequent residence been identified?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>

Does individual or family have resources or support networks to obtain other permanent housing?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>

Has the client moved 2 or more times in the last 60 days?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>

