

Street Outreach Current Living Situation Data Collection Form – ENTRY ASSESSMENT

Agency/Program: _____ Information Date: _____

Client Name: _____ Date of Engagement: ____/____/____

CURRENT LIVING SITUATION

Complete this section at entry, and then for every contact made with the client afterwards.

Current Living Situation (at time of contact):

HOMELESS SITUATION

<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)
<input type="checkbox"/> Emergency shelter, including hotel/motel paid for with an emergency shelter voucher, host home shelter
<input type="checkbox"/> Safe Haven (e.g. DV Shelter or Immigration Sanctuary)

INSTITUTIONAL SITUATION

<input type="checkbox"/> 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 or detox center
<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Prefers Not to Answer

TEMPORARY HOUSING SITUATION

<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<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

PERMANENT HOUSING SITUATION

<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with 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"/> Worker unable to determine

If not literally homeless at time of contact:

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer
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If yes, has a subsequent residence been identified?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer
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Does individual or family have resources or support networks to obtain other permanent housing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer
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Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer
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Has the client moved 2 or more times in the last 60 days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer
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Location Detail: _____