

HMIS # _____
Client Name _____
Staff Name _____
Date Form Completed _____

Santa Cruz County HMIS – Current Living Situation

The service provider should complete this form while interviewing all Heads of Household and other Adults. *As of February 1st, 2025, this form must be completed during the months of – February, May, August, **and** November, regardless of whether their information has changed.* 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 children unless they are the Head of Household.

Date of Data Collection

		/			/				
Month			Day			Year			

4.12 Current Living Situation [Head of Household and Adults]

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

There are no Safe Havens in Santa Cruz County.

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

	<p><u>Permanent Housing Situations</u></p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with ongoing housing subsidy <i>[collect additional info below]</i></p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><u>Other</u></p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Worker unable to determine</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
<p>Rental Subsidy Type:</p> <p><i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<p><input type="checkbox"/> GPD TIP housing subsidy</p> <p><input type="checkbox"/> VASH housing subsidy</p> <p><input type="checkbox"/> RRH or equivalent subsidy</p> <p><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)</p> <p><input type="checkbox"/> Public housing unit</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Emergency Housing Voucher (EHV)</p> <p><input type="checkbox"/> Family Unification Program Voucher (FUP)</p> <p><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)</p> <p><input type="checkbox"/> Permanent Supportive Housing</p> <p><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons</p>

Living Situation Verified By *[For H4H Connectors ONLY. Otherwise leave blank]*

If client's Current Living Situation falls under the "Institutional," "Transitional Housing Situations," or "Permanent Housing Situations," you must answer the following questions:

Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "yes", also answer the following 4 questions	
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
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
Has the client been in permanent housing in the last 60 days that was leased or owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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

Location Details (Additional information as needed)

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