

HMIS Data Collection Template – “Living Situation” Data Collection Form for all Project Types EXCEPT Street Outreach, Emergency Shelter, and Safe Havens¹

This form will allow all Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Assessment (Coordinated Entry) projects to track the required HMIS Living Situation data element. This information should be gathered at project start for all household members—each adult and child. A separate form should be included for each household member. Use additional forms as needed. Projects may use any available HMIS records to assist the client in recalling where he or she was staying, but completing this form does not require backup documentation to verify a client’s responses. If a project requires documentation for eligibility purposes, additional documentation tools and guidance are anticipated to be forthcoming.

PROJECT START DATE (e.g., 08/24/2017)

The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

CLIENT (name or other identifier)

¹ A [separate form](#) is provided for Emergency Shelter, Safe Haven, and Street Outreach projects.

1. TYPE OF PRIOR LIVING SITUATION

What was the situation the client was living in immediately prior to project start?

Adult members of the same household may have different prior living situations

Homeless Situations

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing*

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

Transitional & Permanent Housing Situations

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Transitional housing for homeless persons (including homeless youth)

Other

- Client doesn't know
- Client refused

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

- 1 night or less
- 2 to 6 nights
- 1 week+, but less than 1 month
- 1 mo+, but less than 90 days
- 90 days, but less than 1 year
- 1 year or longer
- Client doesn't know
- Client refused

Proceed to Question 3

- 1 night or less
- 2 to 6 nights
- 1 week+, but less than 1 month
- 1 mo+, but less than 90 days
- 90 days, but less than 1 year
- 1 year or longer
- Client doesn't know
- Client refused

Proceed to Question 3

STOP
You have completed this form

- 1 night or less
- 2 to 6 nights
- 1 week, but less than 1 month
- 1 month, but less than 90 days
- 90 days, but less than 1 year
- 1 year or longer
- Client doesn't know
- Client refused

Proceed to Question 3

STOP
You have completed this form

**Interim housing is not a type of housing but rather a housing situation for a client that meets the following criteria:*

- 1. Must have been chronically homeless at start in interim housing,*
- 2. Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,*
- 3. Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), and*
- 4. Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.*

3. DATE THE CLIENT STARTED BEING HOMELESS THIS TIME

When did the client start staying on the streets,** in emergency shelters, or in safe havens this time?

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header “institutional situations” on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client’s first day on the streets, shelters, or safe havens, enter today’s date.

** “The streets” is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).

		/			/			
Month			Day			Year		

4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header “institutional situations” on the previous page.

- | | |
|---|---|
| <input type="checkbox"/> One time (this time) | <input type="checkbox"/> Four or more times |
| <input checked="" type="checkbox"/> Two times | <input checked="" type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Client refused |

5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add up the total number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month.

Example: The client has a project start date in an ES of March 15th. The client has been on the streets since January 15 and was in permanent housing prior to that, except for a two month period last year. The cumulative total would be 4.5 months (Last year = 2 months; January = 15 days, February = 1 month, March = 1 month). Enter 5 months where indicated.

- | | |
|--|---|
| <input type="checkbox"/> One month or less (choose if this is the first time the client has been homeless) | |
| <input checked="" type="checkbox"/> Between 2 and 12 months | ➔ Enter the total number of months: _____ |
| <input type="checkbox"/> More than 12 months | |
| <input checked="" type="checkbox"/> Client doesn’t know | |
| <input type="checkbox"/> Client refused | |