

HOMELESSNESS HISTORY MAPPING TOOL

Client Name: _____

HMIS UID (or DOB): _____

Homelessness History Timeline

Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Homelessness History Specifics

Start Date (Month & Year)	End Date (Month & Year)	Living Situation	Who Could Verify	Verifier's Contact Info (Phone, Email, Address)
		<input type="checkbox"/> Living on the Streets <input type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed		
		<input type="checkbox"/> Living on the Streets <input type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed		
		<input type="checkbox"/> Living on the Streets <input type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed		
		<input type="checkbox"/> Living on the Streets <input type="checkbox"/> Living in a Car <input type="checkbox"/> Living in a Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital / Treatment Center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staying w/ Family/Friends <input type="checkbox"/> Housed		

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Attempts to Obtain a Third Party Verification				
Date	Verifier Name	Verifier's Contact Info (Phone, Email, Address)	Type of Attempt	Outcome of Attempt
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email	<input type="checkbox"/> Contact Information is No Longer Valid <input type="checkbox"/> Unable to Make Contact with Person <input type="checkbox"/> Person Refused <input type="checkbox"/> Other: _____

Additional Barriers to Obtaining a Third Party Verification			
Start Date (Month & Year)	End Date (Month & Year)	Barrier	Additional Information regarding the Barrier
		<input type="checkbox"/> Out of County <input type="checkbox"/> Out of State <input type="checkbox"/> Truck Driver, Living in Cab <input type="checkbox"/> Transient Life-Style (moved frequently)	
		<input type="checkbox"/> Out of County <input type="checkbox"/> Out of State <input type="checkbox"/> Truck Driver, Living in Cab <input type="checkbox"/> Transient Life-Style (moved frequently)	

Signature: _____

Date: _____

Printed Name: _____

Agency Name: _____

Job Title: _____