

HMIS HOUSEHOLD QUESTIONNAIRE (CURRENT LIVING SITUATION)



SACRAMENTO
STEPS FORWARD

Heads of Household and Adults Only

- Check only one per question except where noted
- Answers in **bold** have additional follow-up questions
- 'DK' = client doesn't know

Adapted from form developed by Lutheran Social Services

Program Name	Date of Contact	Case Manager Name

Client Location

	Group Member 1	Group Member 2	Group Member 3
Client Name or HMIS ID	_____	_____	_____
<i>(optional)</i> Current/ contact address type	<input type="checkbox"/> Home <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> Other _____	<input type="checkbox"/> Home <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> Other _____	<input type="checkbox"/> Home <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> Other _____
Street address			
City, State			
Zip Code			
Phone number	() -	() -	() -
Email address			

WHAT		History of Homelessness Information & General Health					
WHO		Heads of Household & Adults (18+) only					
		Group Member 1		Group Member 2		Group Member 3	
RRH, PH & PSH ONLY Date client moved into permanent housing	For RRH, must be <u>after</u> program start date	<input type="checkbox"/> Same as Group Member 1		<input type="checkbox"/> Same as Group Member 1		<input type="checkbox"/> Same as Group Member 1	
	/ /	/ /		/ /		/ /	
Where are you currently staying?		<input type="checkbox"/> Same as Group Member 1		<input type="checkbox"/> Same as Group Member 1		<input type="checkbox"/> Same as Group Member 1	
	Homeless Situations	Homeless Situations		Homeless Situations		Homeless Situations	
	<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Place not meant for habitation		<input type="checkbox"/> Place not meant for habitation		<input type="checkbox"/> Place not meant for habitation	
	<input type="checkbox"/> Emergency shelter/hotel w/ voucher, or RHY Host Home	<input type="checkbox"/> Emergency shelter/hotel w/ voucher, or RHY Host Home		<input type="checkbox"/> Emergency shelter/hotel w/ voucher, or RHY Host Home		<input type="checkbox"/> Emergency shelter/hotel w/ voucher, or RHY Host Home	
	<input type="checkbox"/> Safe haven	<input type="checkbox"/> Safe haven		<input type="checkbox"/> Safe haven		<input type="checkbox"/> Safe haven	
	Institutional Situations ★	Institutional Situations ★		Institutional Situations ★		Institutional Situations ★	
	<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Hospital (non-psychiatric)		<input type="checkbox"/> Hospital (non-psychiatric)		<input type="checkbox"/> Hospital (non-psychiatric)	
	<input type="checkbox"/> Psychiatric hospital/facility	<input type="checkbox"/> Psychiatric hospital/facility		<input type="checkbox"/> Psychiatric hospital/facility		<input type="checkbox"/> Psychiatric hospital/facility	
<input type="checkbox"/> Foster care/foster group home	<input type="checkbox"/> Foster care/foster group home		<input type="checkbox"/> Foster care/foster group home		<input type="checkbox"/> Foster care/foster group home		
<input type="checkbox"/> Jail/prison or juvenile detention	<input type="checkbox"/> Jail/prison or juvenile detention		<input type="checkbox"/> Jail/prison or juvenile detention		<input type="checkbox"/> Jail/prison or juvenile detention		
<input type="checkbox"/> Long-term care/nursing facility	<input type="checkbox"/> Long-term care/nursing facility		<input type="checkbox"/> Long-term care/nursing facility		<input type="checkbox"/> Long-term care/nursing facility		
<input type="checkbox"/> Substance abuse/detox center	<input type="checkbox"/> Substance abuse/detox center		<input type="checkbox"/> Substance abuse/detox center		<input type="checkbox"/> Substance abuse/detox center		
Housing ★	Housing ★		Housing ★		Housing ★		
<input type="checkbox"/> Hotel/motel (no ES voucher)	<input type="checkbox"/> Hotel/motel (no ES voucher)		<input type="checkbox"/> Hotel/motel (no ES voucher)		<input type="checkbox"/> Hotel/motel (no ES voucher)		
<input type="checkbox"/> Transitional housing for homeless	<input type="checkbox"/> Transitional housing for homeless		<input type="checkbox"/> Transitional housing for homeless		<input type="checkbox"/> Transitional housing for homeless		
<input type="checkbox"/> PSH for formerly homeless	<input type="checkbox"/> PSH for formerly homeless		<input type="checkbox"/> PSH for formerly homeless		<input type="checkbox"/> PSH for formerly homeless		
<input type="checkbox"/> Host home (non-crisis)	<input type="checkbox"/> Host home (non-crisis)		<input type="checkbox"/> Host home (non-crisis)		<input type="checkbox"/> Host home (non-crisis)		
<input type="checkbox"/> Staying with friends/family	<input type="checkbox"/> Staying with friends/family		<input type="checkbox"/> Staying with friends/family		<input type="checkbox"/> Staying with friends/family		
<input type="checkbox"/> Residential/halfway house, no homeless criteria	<input type="checkbox"/> Residential/halfway house, no homeless criteria		<input type="checkbox"/> Residential/halfway house, no homeless criteria		<input type="checkbox"/> Residential/halfway house, no homeless criteria		
Client rental with subsidy:	Client rental with subsidy:		Client rental with subsidy:		Client rental with subsidy:		
<input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH subsidy	<input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH subsidy		<input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH subsidy		<input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH subsidy		
<input type="checkbox"/> HCV <input type="checkbox"/> RRH or similar	<input type="checkbox"/> HCV <input type="checkbox"/> RRH or similar		<input type="checkbox"/> HCV <input type="checkbox"/> RRH or similar		<input type="checkbox"/> HCV <input type="checkbox"/> RRH or similar		
<input type="checkbox"/> Other type of ongoing subsidy	<input type="checkbox"/> Other type of ongoing subsidy		<input type="checkbox"/> Other type of ongoing subsidy		<input type="checkbox"/> Other type of ongoing subsidy		
Client rent/own, other:	Client rent/own, other:		Client rent/own, other:		Client rent/own, other:		
<input type="checkbox"/> Public housing	<input type="checkbox"/> Public housing		<input type="checkbox"/> Public housing		<input type="checkbox"/> Public housing		
<input type="checkbox"/> Rental, no subsidy	<input type="checkbox"/> Rental, no subsidy		<input type="checkbox"/> Rental, no subsidy		<input type="checkbox"/> Rental, no subsidy		
<input type="checkbox"/> Owned by client, w/ subsidy	<input type="checkbox"/> Owned by client, w/ subsidy		<input type="checkbox"/> Owned by client, w/ subsidy		<input type="checkbox"/> Owned by client, w/ subsidy		
<input type="checkbox"/> Owned by client, no subsidy	<input type="checkbox"/> Owned by client, no subsidy		<input type="checkbox"/> Owned by client, no subsidy		<input type="checkbox"/> Owned by client, no subsidy		
Other	Other		Other		Other		
<input type="checkbox"/> Other <input type="checkbox"/> Unable to Confirm	<input type="checkbox"/> Other <input type="checkbox"/> Unable to Confirm		<input type="checkbox"/> Other <input type="checkbox"/> Unable to Confirm		<input type="checkbox"/> Other <input type="checkbox"/> Unable to Confirm		
<input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> DK <input type="checkbox"/> Refused		

★ Answer the following **only if selection starred (★) above** (housing or institutional situations – client may be at imminent risk of losing housing/shelter)

Group Member 1

Group Member 2

Group Member 3

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

Yes*
 DK

No
 Refused

Yes*
 DK

No
 Refused

Yes*
 DK

No
 Refused

If Yes* (client may lose housing within 14 days):

Has a **subsequent residence** been identified?

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused

Does individual or family have **resources or support networks** to obtain other permanent housing?

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused

Has the client had a **lease or ownership interest** in a permanent housing unit in the last 60 days?

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused

Has the client **moved 2 or more times** in the last 60 days?

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused

Yes
 DK

No
 Refused