



Current Living Situation

OneHome Assessment

Instructions for inputting to HMIS (*make sure you are in the OneHome Agency*): Go to client profile > OneHome Programs (edit box next to program name) > Assessments (at Program Level) > Current Living Situation (toggle correct client to be assessed if in household of more than one)

OneHome Guidance: CLS should be completed at the same time as OneHome CE Standard Assessment is completed.

CLS should be completed with the participant at a minimum of every 90 days after OneHome enrollment to keep participant active in OneHome program and to verify CE eligibility.

Client Name: _____

Date of Contact: / / _____

CURRENT LIVING SITUATION (PICK ONLY 1 Situation)	
HOMELESS SITUATION	
<input type="checkbox"/> Place not meant for human habitation (vehicle, anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home <input type="checkbox"/> Safe Haven	
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 facility or detox center	
TRANSITIONAL & PERMANENT HOUSING SITUATION	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency voucher <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <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 <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy shelter <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project) <input type="checkbox"/> Rental by client in a public housing unit (including homeless youth) <input type="checkbox"/> Rental by client, with other 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"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	

IF CLIENT IS NOT IN A HOMELESS SITUATION (ABOVE), ANSWER THE FOLLOWING QUESTION:

Is client going to have to leave their current living situation within 14 days?	
<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
If Yes*, then the additional 4 questions apply:	
Has a subsequent residence been identified?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Does individual or family have resources or support networks to obtain other permanent housing?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Has the client moved 2 or more times in the last 60 days?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

Location Details

Can the assessor verify household's homelessness? (Can select more than one, i.e. if client is literal and chronic homelessness)	
<input type="checkbox"/> Yes (chronic homelessness) <input type="checkbox"/> Yes (literal homelessness) <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

HOUSEHOLD SIZE	
NUMBER OF ADULTS (18+)	
NUMBER OF CHILDREN (UNDER 18)	

(Optional) IF YOU ARE COMPLETING THE CLS WITH THE CLIENT BUT ARE NOT THE PERSON ENTERING THIS DATA IN HMIS, PLEASE ENTER THE CONTACT INFORMATION OF THE CASE MANAGER WHO IS WORKING DIRECTLY WITH THE CLIENT:

Case Manager completing the CLS:	
Case Manager's email:	
Case Manager's phone number:	