Agency's LOGO

Northeast Illinois HMIS
A partnership between DuPage & Suburban Cook Counties

DUPAGE COUNTY CONTINUUM OF CARE
Working to end homelessness

Current Living Situation
(Formerly known as Contacts)

Head of Household and Adults

HMIS CLIENT ID#	**PROJECT NAME**	**DATE**
FILL-IN AFTER SERVICEPOINT ENTRY		MONTH / DAY / YEAR

1. CURRENT LIVING SITUATION

Homeless Situation	Institutional Situation	Transitional or Permanent Situation	Other
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Safe Haven	☐ Substance abuse treatment facility or detox center ☐ Foster care home or foster care group home ☐ Jail, prison or juvenile detention facility ☐ Hospital or other residential non-psychiatric medical facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility	☐ Host Home (non-crisis) ☐ 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 housing subsidy ☐ Rental by client in a public housing unit ☐ Rental by client, with GPD TIP housing subsidy ☐ Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with VASH housing 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: _____ ☐ Worker unable to confirm ☐ Client doesn't know ☐ Client refused

2. LOCATION DETAILS: LIST ADDITIONAL LOCATION INFORMATION TO IDENTIFY WHERE THE CONTACT TOOK PLACE

_____

_____

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ANSWER QUESTIONS (3-7) IF THE CLIENT IS IN AN INSTITUTIONAL, TEMPORARY OR PERMANENT LIVING SITUATION.

3. IS THE CLIENT GOING TO HAVE TO LEAVE THEIR CURRENT LIVING SITUATION WITHIN 14 DAYS?	☐ No
	☐ Yes
	☐ Client doesn't know
	☐ Client Refused
4. HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?	☐ No
	☐ Yes
	☐ Client doesn't know
	☐ Client Refused
5. DOES THE INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	☐ No
	☐ Yes
	☐ Client doesn't know
	☐ Client Refused
6. HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	☐ No
	☐ Yes
	☐ Client doesn't know
	☐ Client Refused
7. HAS THE CLIENT MOVED 2 OR MORE TIMES IN THE LAST 60 DAYS?	☐ No
	☐ Yes
	☐ Client doesn't know
	☐ Client Refused