

New Hampshire Continua of Care Living Situation 3.917B Form

- ✓ *Collection is required at project start for Heads of Household and adults entering: Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homelessness Prevention, or any Coordinated Entry Project.*

Record Identifiers	
Client Name:	
Client ID #	
Head of Household:	
Date:	
Case Manager Name:	
Project Start Date:	

1. Living Situation: Residence Prior to Project Start	
<p>i <i>In this section you will need to consider the client's residence as of the day before project start. Please answer the check boxes below, then follow the instructions to the appropriate subsection.</i></p>	
On the day before project start, was client living in:	
A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Haven	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interim Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i <i>If "Yes" to any of the above, please skip to page 2, section A: Homeless Situation Subsection and answer the questions there.</i></p>	
Foster care home or foster care group home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail, prison or juvenile detention facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care facility or nursing home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse treatment facility or detox center	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i <i>If "Yes" to any of the above, please skip to page 3, section B: Institutional Situation Subsection and answer the questions there.</i></p>	
Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with VASH subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with other housing subsidy (including RRH)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying or living in a family member's room, apartment or house	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying in a friend's room, apartment or house	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client doesn't know	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i <i>If "Yes" to any of the above, please skip to page 4, section C: Transitional and Permanent Housing Situation Subsection and answer the questions there.</i></p>	

**New Hampshire Continua of Care
Living Situation 3.917B Form**

A. Homeless Situation Subsection
Length of stay in prior living situation? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
What is the approximate date homelessness started? ____/____/____
Regardless of where they stayed last night, number of <u>times</u> the client been homeless on the streets, in ES or SH in the past three years, including today? <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Total number of <u>months</u> homeless on the street, in ES or SH in the past three years? ❗ If this is the first month, select 1 month. <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months <input type="checkbox"/> 7 months <input type="checkbox"/> 8 months <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

❗ Once this subsection is completed, there are no further questions for you on this form.

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B. Institutional Situation Subsection

Length of stay in the prior living situation

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> 90 days or more, but less than one year | |

Did you stay less than 90 days in an institutional setting?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

i *If length of stay in previous place is MORE than 90 days, client doesn't know, client refused or data not collected, then there are no further questions for you on this form.*

If answer is **Yes** to "stay less than 90 days," please answer the following:

Length of stay in prior living situation?

- | | |
|--|---|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> Two to six nights |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One month or more, but less than 90 days |

On the night before, did the client stay on the streets, in ES or SH? Yes No

i *If No, then there are no further questions for you on this form.*

If **Yes** to "on the street, in ES or SH," approximate date homelessness started: ___/___/_____

If **Yes** to "on the street, in ES or SH," and regardless of where they stayed last night, what is the number of **times** the client has been on the streets, in ES or SH in the past three years including today?

- | | | |
|---|--|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Two times | <input type="checkbox"/> Three times |
| <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | |

If **Yes** to "on the street, in ES or SH," what is the total number of **months** homeless on the street, in ES or SH in the past three years?

i *If this is the first month, select 1.*

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> More than 12 | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |

i *Once this subsection is complete, there are no further questions for you on this form.*

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C. Transitional and Permanent Housing Situation Subsection

Length of stay in the prior living situation?

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> 90 days or more, but less than one year | |

Did you stay less than 7 nights in transitional or permanent housing?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

i If answer to "less than 7 nights," is No, Client doesn't know, Client refused, or Data not collected, there are no further questions for you on this form.

If Yes to "less than 7 nights," please answer the following:

On the night before, did you stay on the streets, ES or SH? Yes No

i If No, then there are no further questions for you on this form.

If Yes to "on the street, in ES or SH," approximate date homelessness started: ____/____/____

If Yes to "on the street, in ES or SH," and regardless of where they stayed last night, what is the number of times the client has been on the streets, in ES or SH in the past three years including today?

- | | | |
|---|--|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Two times | <input type="checkbox"/> Three times |
| <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | |

If Yes to "on the street, in ES or SH," what is the total number of months homeless on the street, in ES or SH in the past three years?

i If this is the first month, select 1 month.

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> 1 month | <input type="checkbox"/> 2 months | <input type="checkbox"/> 3 months | <input type="checkbox"/> 4 months |
| <input type="checkbox"/> 5 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 7 months | <input type="checkbox"/> 8 months |
| <input type="checkbox"/> 9 months | <input type="checkbox"/> 10 months | <input type="checkbox"/> 11 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> More than 12 | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |