

New Hampshire Continua of Care Living Situation 3.917A Form

- ✓ Collection is required at entry for Heads of Household and adults entering HMIS project type: street outreach, emergency shelter & safe haven.

Record Identifiers	
Client Name:	
Client ID:	
Head of Household:	
Date:	
Case Manager Name:	
Program Entry Date:	

1. Living Situation: Residence Prior to Project Entry
<p>i Please consider the question, "Where was the client sleeping the night before project entry?" Answer the questions accordingly then follow the instructions to the appropriate subsection.</p>

A. Was client Literally Homeless ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>i If YES, please select type from table below, then answer all follow-up questions beginning with Section II: Length of stay in prior living situation.</p> <p>i . If NO, then skip to Section B: Institutional Situation.</p>	
<input type="checkbox"/> A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> An emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Interim Housing

B. Was client in an Institutional Situation ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>i If YES, please select type from table below, then answer all follow-up questions beginning with Section II: Length of stay in prior living situation.</p> <p>i If NO, then skip to Section C: Transitional or Permanent Housing.</p>	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center

C. Was client in a Transitional or Permanent Housing situation ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>i If YES, please select type from table below, then answer all follow-up questions beginning with Section II: Length of stay in prior living situation.</p>	
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Rental by client, with VASH subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)	

New Hampshire Continua of Care Living Situation 3.917A Form

2. What was client's length of stay in prior living situation?	
<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

Approximate date homelessness started:	____/____/_____
---	-----------------

3. Regardless of where the client stayed last night, how many times have they been homeless on the street, in ES or SH in the past three (3) years, including today?	
<i>ⓘ If this is the first time the client has been homeless in the past three years, then the response is One time.</i>	
<input type="checkbox"/> One time	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Client refused
<input type="checkbox"/> Three times	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Four or more times	

4. What is the client's total number of months homeless on the street, in ES or SH in the past three (3) years?	
<i>ⓘ The number represents the cumulative, but not necessarily consecutive number of months spent homeless.</i>	
<input type="checkbox"/> One month (This is the first month.)	<input type="checkbox"/> 9 months
<input type="checkbox"/> 2 months	<input type="checkbox"/> 10 months
<input type="checkbox"/> 3 months	<input type="checkbox"/> 11 months
<input type="checkbox"/> 4 months	<input type="checkbox"/> 12 months
<input type="checkbox"/> 5 months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> 6 months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 7 months	<input type="checkbox"/> Client refused
<input type="checkbox"/> 8 months	<input type="checkbox"/> Data not collected