

Prior Living Situation




To be considered chronically homeless, an individual must have a disability and have been living in a place not meant for human habitation, in an emergency shelter (ES), or in a safe haven (SH) for the last 12 months continuously, or on at least four occasions in the last three years *where those occasions cumulatively total at least 12 months*

Complete the following questions in the workflow in order to determine the client's history with chronic homelessness. Ask questions as they appear and follow the instructions carefully in the workflow as you continue with the assessment.

Prior Living Situation Table						
Homeless Shelter	1		2		3	
	Place not meant for habitation		Safe Haven		Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	
Institutional Setting	4	5	6	7	8	9
	Hospital or other residential non-psychiatric medical facility	Jail, prison or juvenile detention facility	Long-term care facility or nursing home	Psychiatric hospital or other psychiatric facility	Substance abuse treatment facility or detox center	Foster Care home or foster care group home
Transitional/Perm. Housing Situation	10	11	12	13	14	15
	Hotel or motel paid for without emergency shelter voucher	Transitional housing for homeless persons (including homeless youth)	Host home (non-crisis)	Residential project or halfway house with no homeless criteria	Staying or living in a friend's room, apartment or house	Staying or living in a family member's room, apartment or house
	16	17	18	19	20	21
	Rental by client, with VASH subsidy	Rental by client, with GPD TIP subsidy	Permanent housing (other than RRH) for formerly homeless persons	Rental by client, with RRH or equivalent subsidy	Rental by client, with HCV voucher (tenant or project based)	Rental by client in a public housing unit
	22	23	24	25	26	Client doesn't know
	Rental by client, no ongoing housing subsidy	Rental by client, with other ongoing housing subsidy	Owned by client, with ongoing housing subsidy	Owned by client, no ongoing housing subsidy	27	Client refused
28					Data not collected	

Typical Sleeping Places Table									
A Homeless community encampment	B Park	C CTA	D Emergency Room	E Police Station	F Car	G Street	H Abandoned/Uninhabited Building	I Viaduct	J Other

Section I	HOUSING STATUS	
	<input type="checkbox"/> Category 1 - Homeless <input type="checkbox"/> Category 2 - At Imminent Risk of Losing Housing <input type="checkbox"/> Category 3 - Homeless only under other federal Statutes <input type="checkbox"/> Category 4 - Fleeing Domestic Violence	<input type="checkbox"/> At-risk of homelessness <input type="checkbox"/> Stably Housed <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Section I	1) Prior Living Situation		# _____
	Complete and code the response from the Prior Living Situation Table above (#1-25)		
Prior Living Situation Questions	2) Is this the type of place that you typically sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	2b) If Yes and selected a situation that falls under "Place not meant for habitation (#1 in Prior Living Situation Table)", please ask for the type of place they usually sleep and/or of the community in which the individual often engages. Complete and code the response from the Typical Sleeping Places table above (A-J)	 Letter: _____	
	3) If No, where do you typically sleep? Complete and code the response from the Prior Living Situation table above (#1-25)		# _____
	3b) If selected a situation that falls under "Place Not Meant for Habitation (#1)", please ask for the type of place they usually sleep and/or of the community in which the individual often engages. Complete and code the response from the Typical Sleeping Places table above (A-J)		Letter: _____
	4) Please briefly describe the place that you stay. You are welcome to include an address for team members to use to contact you regarding the availability or permanent housing or other shelter resources.		

	<p>5) If selected a situation that falls under “Place Not Meant for Habitation (#1)” please ask if they currently stay in this setting with children.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p align="center">Section II</p> <p align="center">You will need to reference the client’s current residence from Question 1 to inform yourself on which questions to answer below.</p>				
	<p align="center">Literally Homeless Situation: 1 - 3</p>	<p align="center">Institutional Situation: 3 - 9</p>	<p align="center">Transitional/Permanent Housing Situation: 1 - 25</p>	
<p>Section II</p>	<p>Length of stay in Prior Living Situation?</p> <p><input type="checkbox"/> One Night or Less</p> <p><input type="checkbox"/> Two to six Nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p align="center">↓</p>	<p>Length of Stay in Prior Living Situation</p> <p><input type="checkbox"/> One Night or Less</p> <p><input type="checkbox"/> Two to six Nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p>Did you stay in this institutional situation less than 90 days?</p> <p><input type="checkbox"/> Yes (Continue to section III)</p> <p><input type="checkbox"/> No (If no- Do not continue with the interview)</p> <p align="center">↓</p>	<p>Length of Stay in Prior Living Situation</p> <p><input type="checkbox"/> One night or Less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week but less than one month</p> <p><input type="checkbox"/> One month or more but less than 90 days</p> <p><input type="checkbox"/> 90 days or more but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p>Did you stay in the housing situation less than 7 nights?</p> <p><input type="checkbox"/> Yes (Continue to Section III)</p> <p><input type="checkbox"/> No (If no- Do not continue with the interview)</p> <p align="center">↓</p>	<p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p align="center">↓</p>

Section III	<p>N/A Continue to Sections Below</p>	<p>On the night before entering the institutional situation, did you stay on the streets, in emergency shelter or a safe haven?</p> <p><input type="checkbox"/> Yes (Continue to Section IV)</p> <p><input type="checkbox"/> No (If no- Do not continue with the interview)</p>	<p>On the night before entering the housing situation did you stay on the streets, in emergency shelter, or a safe haven?</p> <p><input type="checkbox"/> Yes (Continue to Section IV)</p> <p><input type="checkbox"/> No (If no- Do not continue with the interview)</p>	<p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p>
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The Client may have breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:

- 7 or more consecutive nights in a housing situation (See section III)
- 90 or more consecutive days in an institutional situation (see section II)

Follow up questions:

1. (If coming from **Literal Homelessness**) Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than seven nights?
2. (If coming from **Institutional Situation**) Were you in jail, hospital, or other institutional setting for less than 90 days?

If answer to either of these questions is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

Section IV	<p>Approximate date this episode of homelessness started ____________ (MM / DD /YYYY)</p> <p><i>If the client does not remember the exact date but remembers the month and year, the worker may substitute the day for the 1st.</i></p> <p>Regardless of where they stayed last night- What is the number of times the client has been on the streets, in ES, of SH in the past three years, including today?</p> <p><input type="checkbox"/> One Time <input type="checkbox"/> Three Times <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Two Times <input type="checkbox"/> Four Times <input type="checkbox"/> Client refused</p> <p>Total number of months homeless (on the street, in ES or SH) in past three years</p> <p><input type="checkbox"/> One Month <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> 2-12 Months (# of Months____) <input type="checkbox"/> Client refused</p>
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