

Please complete this form at time of enrollment **and** at time of discharge.

Client ID #:

Program:

TVAP

OVC

Completed at enrollment (date):

Completed at case closure(date):

Please describe the participant’s ideal living situation (use the “currently living” check box below as a guide):

This participant is currently living:

- | | |
|--|--|
| <input type="checkbox"/> With family member (not paying rent) | <input type="checkbox"/> Subsidized housing program (another program pays rent) |
| <input type="checkbox"/> With primary survivor (for derivatives only) | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Independently living alone (pays rent) | <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Independently living with a friends (pays rent) | <input type="checkbox"/> Live-in caregiver for patient (lives in patient’s home) |
| <input type="checkbox"/> Independently living with family (pays rent) | <input type="checkbox"/> Street |
| <input type="checkbox"/> Owns home | <input type="checkbox"/> With a friend (does not pay rent) |
| | <input type="checkbox"/> With a host family (does not pay rent) |
| | <input type="checkbox"/> Other: |

Date of entry into current housing:

When does the participant have to be out of the above housing (if applicable):

The participant currently feels where he/she is living:

- Safe
- Unsafe
- Scared
- Isolated
- Happy
- Neutral
- Other: _____
- Other: _____

The participant wants to stay where he/she is living long term:

- Yes
- No
- I do not know

@ Case Closure only ---

of places lived since enrollment:

If the participant pays for his/her own housing, please indicate the following

How much is rent overall?

How much does the participant pay each month for rent?

How much does the participant pay for:

Electricity:

Gas:

Water:

Other:

Other:

*Please only note housing related expenses. Do not include cell phone bill, groceries, etc.

What is the participant’s estimated monthly income?