

Housing Problem Solving Services Form

Use this form to document Housing Problem Solving Conversations in HMIS.



CLARITY HMIS: HOUSING PROBLEM SOLVING CoC PROJECT SERVICES FORM

Record the [PS] Housing Problem Solving Attempted service once. All other services should be documented every time there is a housing problem solving conversation.

CURRENT NAME	N/A
Last	○
First	
Middle	

SOCIAL SECURITY NUMBER

			-			-			
--	--	--	---	--	--	---	--	--	--

DATE OF BIRTH

		-			-				
--	--	---	--	--	---	--	--	--	--

[PS] Housing Problem Solving Attempted (only record this once)				
Service Item	Start Date	Service Note	Client housed/ re-housed in a safe alternative(Y/N)	Result Date
Phone Call				
In Person				

Housing Problem Solving Services Form

Use this form to document Housing Problem Solving Conversations in HMIS.



[PS] Housing Problem Solving Connection to Services							
Service Item	Date	Date	Date	Date	Service Notes	Client housed/re-housed in a safe alternative (Y/N) *mark "no" until the final interaction when a person is housed.	Result Date
Child care services (non financial)							
Case Management							
Education Services							
Employment Services							
Food bank or Clothing							
Legal Assistance							
Mental Health/Counseling Resource							
Other Resources							
Physical Disability Services							
Alcohol and/or Substance Use Services							

Housing Problem Solving Services Form

Use this form to document Housing Problem Solving Conversations in HMIS.



[PS] Housing Problem Solving Financial Assistance									
Service Item	Date	Date	Date	Date	Expense Amount	Expense Date	Service Notes	Client housed/re-housed in a safe alternative(Y/N) *mark "no" until the final interaction when a person is housed.	Result Date
Child Care Assistance (financial)									
Education or Employment supplies									
Legal Fees/IDs/Background Checks									
Moving costs									
Other Financial assistance									
Pet related costs									
Rental Assistance									
Security Deposit									
Transportation Assistance									
Utility Assistance									

Housing Problem Solving Services Form

Use this form to document Housing Problem Solving Conversations in HMIS.



[PS] Housing Problem Solving Mediation							
Service Item	Date	Date	Date	Date	Service Note	Client housed/re-housed in a safe alternative (Y/N) *mark "no" until the final interaction when a person is housed.	Result Date
Mediation with Employer or Landlord							
Mediation with Family/Friends							
Mediation with Partner							
Mediation with Roommates							
Mediation with RRH/PSH Housing Program							
Other Mediation							