

Today's Date: ____ / ____ / ____
mm dd yyyy

Patient Name: _____
Last First

Date of Birth: ____ / ____ / ____
mm dd yyyy

HOUSING INFORMATION

Why do we want this information? Project HOME is an agency that assists people who are homeless with housing and other services. Our healthcare providers can connect you to these kinds of services outside of our health center. We will ask every patient for this information at every visit because housing situations can change frequently.

What is your housing situation?:

- Live in own home/apartment
- Street/Public Park
- Bus station, train station, airport, tent, car, or abandoned building
- Shelter
- Recovery House
- Half-way House
- Temporary with Acquaintances or Relatives
- Unstable/Unsafe Housing (such as lack of electricity, heat, gas, water, cooking facilities or bathroom facilities or in a domestic violence situation)
- Facing Eviction
- Other: _____

Do you live at a Project HOME Residence? NO YES

If YES, which Project HOME residence? _____

Do you live in a Philadelphia Housing Authority (PHA) facility? NO YES

If YES, which PHA facility? _____

FOOD ASSISTANCE

Why do we want this information? Project HOME has an emergency food pantry for patients who are having difficulty buying food at this time. Our healthcare providers can assist you.

1. Within the past 12 months we worried if our food would run out before we had money to buy more. NO YES
2. Within the past 12 months the food we bought did not last and we did not have money to buy more. NO YES