**Current Housing Information**

Youth Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Check One: [ ]  I am living at: [ ]  I will be living at:

Address: Click or tap here to enter text.

Housing Type:

|  |  |  |
| --- | --- | --- |
| [ ]  Scattered site apartment | [ ]  Foster Home (under a board extension) | [ ]  Live-in adult/peer roommate |
| [ ]  Shared home | [ ]  Dormitory Housing | [ ]  Supervised apartment |
| [ ]  Host home | [ ]  Other | [ ]  Transitional housing |

Phone number: Click or tap here to enter text. Cell phone: Click or tap here to enter text.

I will be living by myself:

 [ ]  YES [ ]  NO (if no, list roommates and relationships below)

Roommate Name/ Relationship: Click or tap here to enter text./ Click or tap here to enter text.

Roommate Name/ Relationship: Click or tap here to enter text./ Click or tap here to enter text.

Roommate Name/ Relationship: Click or tap here to enter text./ Click or tap here to enter text.