**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.