

First: _____	Middle: _____	Unique Identifier: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>										
Last: _____	Suffix: _____											

- 1) Complete at each move in to or out of permanent housing
- 2) Update most recent event (exit, update, entry, etc.) in client record with move-in date.
- 3) Update location tab in 'Client Profile'
- 4) Turn Status off (make inactive) when client leaves permanent housing

***** COMPLETE THE FOLLOWING WHEN CLIENT MOVES IN TO PERMANENT HOUSING *****

Client Location													
Start Date: (Date moved into Permanent Housing)	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>												
Address Type:	<input checked="" type="checkbox"/> Home												

Name:	
Address (line 1)	
Address (line2)	
City	
State	
Zip Code	
Email	
Phone (#1)	
Phone (#2)	

***** COMPLETE THE FOLLOWING WHEN CLIENT MOVES OUT OF PERMANENT HOUSING *****

Client Location													
End Date: (Date left/will leave Permanent Housing)	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>												
Address Type:	<input checked="" type="checkbox"/> Home												

Name:	
Address (line 1)	
Address (line2)	
City	
State	
Zip Code	
Email	
Phone (#1)	
Phone (#2)	

Staff Completing (Printed Name):	Date:
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