

QUESTIONNAIRE TO DETERMINE WHETHER A PATIENT IS HOMELESS AS DEFINED IN STATE LAW

QUESTION 1: Do you have a primary nighttime residence that is a supervised publicly- or privately-operated shelter designed to provide temporary living accommodations?

If **YES:** Stop. The patient is considered “homeless” under the homeless patient discharge planning law.

If **NO,** continue to Question 2.

QUESTION 2: Do you live in a public or private place that is not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings? This could be a car, makeshift cardboard covering, etc.

If **YES:** Stop. The patient is considered “homeless” under the homeless patient discharge planning law.

If **NO,** continue to Question 3.

QUESTION 3: Do you have a fixed and regular nighttime residence?

If **NO:** Stop. The patient is considered “homeless” under the homeless patient discharge planning law.

If **YES:** The patient is not considered “homeless.”