

HOMELESSNESS TIMELINE

Client's Name: _____ HMIS ID: _____

Year: _____

<u>Month</u>	<u>Time Period Homeless</u>	<u>Notes/Comments</u>
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Year: _____

<u>Month</u>	<u>Time Period Homeless</u>	<u>Notes/Comments</u>
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Year: _____

<u>Month</u>	<u>Time Period Homeless</u>	<u>Notes/Comments</u>
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Additional Notes/Comments: _____

Case Manager: _____

Agency: _____

Date: _____