

## OMA Living Arrangement Report

Service Area: X  
 Provider Name: XXXXXXXX XXXXXXXX  
 Program Name: FSP-Adult

Last 07/21/2008  
 Printed On: 7/31/2008

SA: 4 Service Location: XXXXXXXX XXXXXXXX

Group: Adult

Client ID: XXXXXXXX Client Name: XXXXXXXX XXXXXXXX  
 Residential Type: Homeless (includes people living in cars)  
 Partnership Type: Pre-Partnership

Date From: 03/07/2006 Date To: 03/06/2007 Num Days: 365

Client: XXXXXXXX Pre-Partnership Days: 365 Partnership Date: 03/07/2007

Client ID: XXXXXXXX Client Name: XXXXXXXX XXXXXXXX  
 Residential Type: Emergency Shelter  
 Partnership Type: Post-Partnership

Date From: 03/07/2007 Date To: 04/06/2007 Num Days: 31

Client ID: XXXXXXXX Client Name: XXXXXXXX XXXXXXXX  
 Residential Type: Lives in an apartment or house... \* (see above)  
 Partnership Type: Post-Partnership

Date From: 04/07/2007 Date To: 07/21/2008 Num Days: 472

Client: XXXXXXXX Post-Partnership Days: 503 Partnership Date: 03/07/2007

Client XXXXXXXX Total Days: 868

Client ID: XXXXXXXX Client Name: XXXXXXXX XXXXXXXX  
 Residential Type: Jail  
 Partnership Type: Pre-Partnership

Date From: 07/06/2006 Date To: 07/05/2007 Num Days: 365

Client: XXXXXXXX Pre-Partnership Days: 365 Partnership Date: 07/05/2007

Client ID: XXXXXXXX Client Name: XXXXXXXX XXXXXXXX  
 Residential Type: Jail  
 Partnership Type: Post-Partnership

Date From: 07/05/2007 Date To: 01/25/2008 Num Days: 204

Client: XXXXXXXX Post-Partnership Days: 204 Partnership Date: 07/05/2007