HMIS PATH Assessment Form

Updated: 20 October 2015

Client first name:	Client last name:	MAACLink Client ID:

Assessment date: Assessment type: ◯ Entry   ◯ Interval   ◯ Exit

Veteran status: ◯ Yes   ◯ Client doesn't know   Disabling condition: ◯ Yes ◯ Client doesn't know
◯ No   ◯ Client refused   ◯ No ◯ Client refused

Prior residence:

◯ Emergency shelter
◯ Permanent housing for formerly homeless persons
◯ Substance abuse facility or detox
◯ Jail, prison, or juvenile detention facility
◯ Staying/living with a friend
◯ Foster care home or foster care group home
◯ Other
◯ Rental by client with VASH subsidy
◯ Rental by client (no ongoing subsidy)
◯ Owned by client (no ongoing subsidy)
◯ Residential project/halfway house (no homeless criteria)
◯ Client doesn't know

◯ Transitional housing for homeless persons
◯ Psychiatric hospital/facility
◯ Hospital or other residential non-psychiatric facility
◯ Staying/living with a family member
◯ Hotel/motel paid for w/o emergency shelter voucher
◯ Place not meant for human habitation
◯ Safe Haven
◯ Rental by client with other ongoing subsidy
◯ Owned by client with ongoing subsidy
◯ Long-term care facility/nursing home
◯ Rental by client with GPD TIP subsidy
◯ Client refused

Length of stay:	**Housing status:**
◯ One day or less ◯ Two days to one week	◯ Category 1 – Homeless
◯ More than one week, less than one month	◯ Category 2 – At imminent risk of losing housing
◯ One to three months	◯ Category 3 – Homeless only under other federal statutes
◯ More than three months, less than one year	◯ Category 4 – Fleeing domestic violence
◯ One year or longer	◯ Stably housed – rent ◯ Stably housed – own
◯ Client doesn't know ◯ Client refused	◯ At risk of homelessness
	◯ Client doesn't know ◯ Client refused

Prior Zip Code for the client's last stable residence of at least 90 days, if known:
◯ Client doesn't know   ◯ Client refused

Client has special needs:	**Physical disability:**
◯ Yes ◯ No	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
	Indefinite:
If Yes, complete one or more of the following special need detail sections. If No, skip to next section.	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
	Receiving treatment:
	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
	Documentation on file (mark if Yes): ◯

Mental health problem:	**HIV/AIDS:**
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Indefinite:	Indefinite:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Receiving treatment:	Receiving treatment:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Documentation on file (mark if Yes): ◯	Documentation on file (mark if Yes): ◯

Developmental disability:	**Chronic health condition:**
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Indefinite:	Indefinite:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Receiving treatment:	Receiving treatment:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused	◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Documentation on file (mark if Yes): ◯	Documentation on file (mark if Yes): ◯

Substance abuse:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Indefinite:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Receiving treatment:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
Documentation on file (mark if Yes): ◯

Domestic violence experience:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused
(If Yes) When experience occurred:
◯ In the past three months ◯ Three to six months ago
◯ Six to twelve months ago ◯ More than one year ago
◯ Client doesn't know ◯ Client refused
(If Yes) Currently fleeing domestic violence:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused

Date of (initial) contact:

Location of contact: ◯ Place not meant for human habitation
◯ Non-residential service setting
◯ Residential service setting

Date of engagement (i.e. beginning of a case plan):

PATH status and SOAR / Date of status determination:

Client became enrolled in PATH: ◯ Yes ◯ No

(If No) Reason not enrolled: ◯ Ineligible ◯ Other reasons

Connection with SOAR:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused

Insurance coverage assessment date:

Client has health insurance:
◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused

(If Yes) Health insurance type:
◯ Medicaid ◯ Medicare ◯ SCHIP (State Child Health Insurance Program)
◯ State Health Insurance for Adults ◯ VA health insurance ◯ COBRA
◯ Employer insurance ◯ Private pay insurance

Client is currently receiving income: ◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused

Earned income: _____
SSI (Supplemental Security Income): _____
VA Service Connected Disability Compensation: _____
Worker's compensation: _____
General assistance: _____
VA Non-Service Connected Disability Compensation: _____
Child support: _____
Other (1): _____

Unemployment insurance: _____
SSDI (Social Security Disability Income): _____
Private disability insurance: _____
TANF (Temporary Assistance for Needy Families): _____
Retirement income from Social Security: _____
Pension from a former job: _____
Alimony or other spousal support: _____
Other (2): _____

Client is currently receiving benefits: ◯ Yes ◯ No ◯ Client doesn't know ◯ Client refused

SNAP/Food stamps or food benefit card: _____
WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) : _____
TANF child care services: _____ TANF transportation services: _____
Other TANF-funded services: _____ Section 8, public housing, or other rental assistance: _____
Child support: _____ Temporary rental assistance: _____
Other: _____

Client expenses:

Bus pass: _____
Child care: _____
Clothing: _____
Electricity (utility) : _____
Garnishments (on wage/salary): _____
Health insurance: _____
Legal: _____
Miscellaneous: _____
Personal hygiene: _____
Rent deposit: _____
Sewage/trash (utility) : _____
Telephone (utility) : _____
Unpaid utilities: _____
Other (1) : _____

Car payment: _____
Child support: _____
Credit accounts: _____
Entertainment: _____
Gas/heating oil (utility) : _____
Other insurance: _____
Medical: _____
Mortgage: _____
Personal luxuries: _____
Retirement plan: _____
Storage: _____
Transportation (general) : _____
Water (utility) : _____
Other (2) : _____

Car repair: _____
Church tithe: _____
Education: _____
Food: _____
Gasoline (car) : _____
Laundry: _____
Med prescription: _____
Payday loans: _____
Rent: _____
Savings: _____
Taxes: _____
Unpaid rent: _____
Withholding tax: _____