CLARITY HMIS: HHS-PATH PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

 PROJECT START DATE​ *​*​ *​[All Clients]*

|  |  |  *­*  |  |  |  *­*  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

 Month DayYear

SOCIAL SECURITY NUMBER​ ​*[All Clients]*

|  |  |  |  *­*  |  |  |  *­*  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| QUALITY OF SOCIAL SECURITY |
| --- |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Approximate or partial SSN reported | ○ | Data not collected |

| CURRENT NAME *[​All Clients]* | N/A  |
| --- | --- |
| Last  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | ○ |
| First  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Middle  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  | ○ |
| Suffix  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  | ○ |
| QUALITY OF CURRENT NAME |
| ○ | Full name reported | ○ | Client doesn’t know |
| ○ | Partial, street name, or code name reported | ○ | Client refused  |
| ○ | Data not collected  |

DATE OF BIRTH​ ​*[All Clients]*

|  |  |  *­*  |  |  |  *­*  |  |  |  |  |  Age: |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Month DayYear

| QUALITY OF DATE OF BIRTH |
| --- |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client refused  |
| ○ | Data not collected  |

GENDER​ *​[All Clients]*

| ○ | Female  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Male  | ○ | Client refused  |
| ○ | A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) | ○ | Data not collected  |
| ○ | Transgender |
| ○ | Questioning |

RACE ​(Select all applicable) ​*[All Clients]*

| ○ | American Indian, Alaska Native, or Indigenous | ○ | White |
| --- | --- | --- | --- |
| ○ | Asian or Asian American | ○ | Client does not know |
| ○ | Black, African American, or African | ○ | Client refused |
| ○ | Native Hawaiian or Pacific Islander | ○ | Data Not Collected |

# **ETHNICITY**​ ​[All Clients]

| ○ | Non­Hispanic/ Non­Latin(a)(o)(x) | ○ | Client does not know |
| --- | --- | --- | --- |
| ○ | Client refused |
| ○ | Hispanic/Latin(a)(o)(x) | ○ | Data Not Collected |
| ○ | Other |

VETERAN STATUS​ ​*[All Adults]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO VETERAN STATUS  |
| Year entered military service (year) |   |
| Year separated from military service (year) |   |
| Theater of Operations: World War II  |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Theater of Operations: Korean War  |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Theater of Operations: Vietnam War  |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Theater of Operations: Persian Gulf War (Desert Storm)  |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Theater of Operations: Afghanistan (Operation Enduring Freedom) |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Theater of Operations: Iraq (Operation Iraqi Freedom)  |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Theater of Operations: Iraq (Operation New Dawn)  |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| Branch of the Military  |
| ○ | Army  | ○ | Coast Guard  |
| ○ | Air Force  | ○ | Client doesn’t know  |
| ○ | Navy  | ○ | Client refused  |
| ○ | Marines  | ○ | Data not collected  |
| Discharge Status  |
| ○ | Honorable  | ○ | Dishonorable  |
| ○ | General under honorable conditions  | ○ | Uncharacterized  |
| ○ | Other than honorable conditions (OTH)  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Bad Conduct  | ○ | Data not collected  |

RELATIONSHIP TO HEAD OF HOUSEHOLD ​*[All Clients]*

| ○ | Self  | ○ | Head of household - other relation to member  |
| --- | --- | --- | --- |
| ○ | Head of household’s child  |
| ○ | Head of household’s spouse or partner  | ○ | Other: non-relation member  |

CONNECTION WITH SOAR ​*[Heads of Households and Adults*]

| ○ |  No | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ |  Yes | ○ | Client refused  |
| ○ | Data not collected  |

PRIOR LIVING SITUATION

TYPE OF RESIDENCE

*[Head of Household and Adults]*

| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | ○ | Staying or living in a family member’s room, apartment or house |
| --- | --- | --- | --- |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | ○ | Rental by client, with GPD TIP housing subsidy |
| ○ | Safe Haven | ○ | Rental by client, with VASH housing subsidy |
| ○ | Foster care home or foster care group home | ○ | Permanent housing (other than RRH) for formerly homeless persons |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Rental by client, with RRH or equivalent subsidy |
| ○ | Jail, prison, or juvenile detention facility | ○ | Rental by client, with HCV voucher (tenant or project based) |
| ○ | Long-term care facility or nursing home | ○ | Rental by client in a public housing unit |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Rental by client, with other ongoing housing subsidy |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Owned by client, no ongoing housing subsidy |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client doesn’t know  |
| ○ | Host Home (non-crisis) | ○ | Client refused |
| ○ | Staying or living in a friend’s room, apartment, or house | ○ | Data not collected  |
| LENGTH OF STAY IN PRIOR LIVING SITUATION |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know  |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client refused  |
| ○ | One week or more, but less than one month | ○ | One year or longer  | ○ | Data not collected  |

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]*

| ○ |  No | ○ |  Yes |
| --- | --- | --- | --- |

LENGTH OF STAY LESS THAN 90 DAYS

[*Institutional Housing Situations]*

| ○ |  No | ○ |  Yes |
| --- | --- | --- | --- |

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

| ○ |  Yes | ○ |  No |
| --- | --- | --- | --- |
| Approximate Date Homelessness Started | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years |
| ○ | One Time | ○ | Client doesn’t know |
| ○ | Two Times | ○ | Client refused  |
| ○ | Three Times | ○ | Data not collected  |
| ○ | Four or More Times |  |  |
| Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years |
| ○ | One month (this time is the first month)  | ○ | Client doesn’t know  |
| ○ | 2­-12 months (specify number of months): \_\_\_\_\_\_\_\_  | ○ | Client refused  |
| ○ | More than 12 months  | ○ | Data not collected  |

#

# **WHEN CLIENT WAS ENGAGED**

| Date of Engagement: *[Adults and Head of Household]* | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |
| --- | --- |

#

# **PATH STATUS** [Adults and Head of Household]

|  Date of Status Determination | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| Client Became Enrolled in PATH  | ○ | No  |
| ○ | Yes  |
| IF “NO” TO ENROLLED IN PATH  |
| Reason Not Enrolled | ○ | Client was found ineligible for PATH |
| ○ | Client was not enrolled for other reason(s) |
| ○ | Unable to locate client |

DISABLING CONDITION ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

PHYSICAL DISABILITY ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO PHYSICAL DISABILITY – SPECIFY  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

CHRONIC HEALTH CONDITION ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

HIV-AIDS ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

MENTAL HEALTH DISORDER ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO MENTAL HEALTH DISORDER– SPECIFY  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

SUBSTANCE USE DISORDER ​*[All Clients]*

| ○ | No  | ○ | Both alcohol and drug use disorders  |
| --- | --- | --- | --- |
| ○ | Alcohol use disorder  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Drug use disorder  | ○ | Data not collected  |
| IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

# **DOMESTIC VIOLENCE VICTIM/SURVIVOR** ​[Head of Household and Adults]

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO DOMESTIC VIOLENCE  |
| WHEN EXPERIENCE OCCURRED  |
| ○ | Within the past three months  | ○ | One year ago or more  |
| ○ | Three to six months ago (excluding six months exactly)  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Six months to one year ago (excluding one year exactly)  | ○ | Data not collected  |
| Are you currently fleeing?  | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

# **MONTHLY INCOME AND SOURCES** ​[Head of Household and Adults]

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY  |
| Income Source | Amount |  Income Source | Amount |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |   |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |   |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement Income from Social Security |   |
| ○ | Social Security Disability Insurance (SSDI)  |  | ○ | Pension or Retirement Income from a Former Job |   |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support |   |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and Other Spousal Support |   |
| ○ | Private Disability Insurance |  | ○ | Other Income source |   |
| ○ | Worker’s Compensation |  |  *(specify):* |
|  Total Monthly Income for Individual:  |   |

#

# **RECEIVING NON CASH BENEFITS**​ ​[Head of Household and Adults]

| ○ |  No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ |  Yes  | ○ | Client refused  |
| ○ | Data not collected  |

| IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY  |
| --- |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (Specify):  | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE ​*[All Clients]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS  |
| ○ | MEDICAID  | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE  | ○ | Insurance Obtained through COBRA  |
| ○ | State Children’s Health Insurance (SCHIP)  | ○ | Private Pay Health Insurance  |
| ○ | Veterans Administration (VA) Medical Services | ○ | State Health Insurance for Adults  |
| ○ | Other (specify) | ○ | Indian Health Services Program |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of applicant stating all information is true and correct Date