| Agency | Name: |  |
|--------|-------|--|
| •      |       |  |



# **CLARITY HMIS: HHS - PATH PROJECT ENROLLMENT FORM**

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

| CLIENT NAME OR IDENTIFIER: |     |      |     |       |     |        |        |    |     |  |   |  |  |  |
|----------------------------|-----|------|-----|-------|-----|--------|--------|----|-----|--|---|--|--|--|
|                            | PRO | JECT | STA | ART D | ATE | [All ( | Client | s] |     |  | 7 |  |  |  |
|                            |     |      | /   |       |     | /      |        |    |     |  |   |  |  |  |
|                            | M   | onth |     |       | Day |        |        | Ye | ear |  | _ |  |  |  |

#### RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

| 0 | Self                                  | 0 | Head of household – other relation to member |
|---|---------------------------------------|---|----------------------------------------------|
| 0 | Head of household's child             | 0 | Other: non-relation member                   |
| 0 | Head of household's spouse or partner |   |                                              |

| <b>ENROLLMENT CoC</b> [on | nly if multiple CoC's] |
|---------------------------|------------------------|
|---------------------------|------------------------|

## **CONNECTION WITH SOAR** [Head of Household and Adults]

| 0 | No  | 0 | Client doesn't know          |
|---|-----|---|------------------------------|
| 0 | Yes | 0 | Client prefers not to answer |
|   |     | 0 | 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) | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hotel or motel paid for without emergency shelter voucher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergency shelter, including hotel or motel                                                                                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Host Home (non-crisis)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Safe Haven                                                                                                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Staying or living in a friend's room, apartment,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or house                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Foster care home or foster care group home                                                                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Staying or living in a family member's room,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | apartment or house                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Hospital or other residential non-psychiatric                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Rental by client, no ongoing housing subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| medical facility                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Jail, prison or juvenile detention facility                                                                                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Rental by client, with ongoing housing subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Long-term care facility or nursing home                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Owned by client, with on-going housing subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Psychiatric hospital or other psychiatric facility                                                                             | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Owned by client, no on-going housing subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Substance abuse treatment facility or detox                                                                                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Client doesn't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| center                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Transitional housing for homeless persons                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Client prefers not to answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (including homeless youth)                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Residential project or halfway house with no                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Data not collected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| homeless criteria                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                | an abandoned building, bus/train/subway station/airport, or anywhere outside)  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter  Safe Haven  Foster care home or foster care group home  Hospital or other residential non-psychiatric medical facility  Jail, prison or juvenile detention facility  Long-term care facility or nursing home  Psychiatric hospital or other psychiatric facility  Substance abuse treatment facility or detox center  Transitional housing for homeless persons (including homeless youth)  Residential project or halfway house with no | an abandoned building, bus/train/subway station/airport, or anywhere outside)  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter  Safe Haven  Foster care home or foster care group home  Hospital or other residential non-psychiatric medical facility  Jail, prison or juvenile detention facility  Long-term care facility or nursing home  Psychiatric hospital or other psychiatric facility  Substance abuse treatment facility or detox center  Transitional housing for homeless persons (including homeless youth)  Residential project or halfway house with no |

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" - SPECIFY:



|                                                                                                    | LODD TID.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                        |                           | 1                     | _                           |                                       |                                        |                                   | , ,                                                                                                                            |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------|---------------------------|-----------------------|-----------------------------|---------------------------------------|----------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                                  | GPD TIP housing subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                        | 0                         | ,                     | Emergency Housing Voucher   |                                       |                                        |                                   |                                                                                                                                |
| 0                                                                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                        | 0                         |                       |                             | ification Program Voucher (FUP)       |                                        |                                   |                                                                                                                                |
| 0                                                                                                  | RRH or equivalent subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                        | 0                         |                       |                             | outh to Independence Initiative (FYI) |                                        |                                   |                                                                                                                                |
| 0                                                                                                  | HCV voucher (tenant or projec dedicated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | t ba | ised) (no              | ot                        | 0                     |                             |                                       |                                        |                                   | e Housing                                                                                                                      |
| 0                                                                                                  | Public Housing Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                        |                           | 0                     |                             |                                       |                                        |                                   | sing dedicated for                                                                                                             |
| 0                                                                                                  | Rental by client, with other ong subsidy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | goin | g housir               | ng                        |                       | forme                       | rly ho                                | omeles                                 | s pe                              | rsons                                                                                                                          |
| _                                                                                                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                        |                           |                       |                             |                                       |                                        |                                   |                                                                                                                                |
|                                                                                                    | NGTH OF STAY IN PRIOR L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                        |                           |                       |                             | + 1                                   |                                        | Ι                                 | Client doesn't know                                                                                                            |
| 0                                                                                                  | One night or less                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0    | than 9                 | 0 day                     | 'S                    | nore, bu                    |                                       |                                        | 0                                 |                                                                                                                                |
| 0                                                                                                  | Two to six nights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0    | one ye                 | ear                       |                       | e, but le                   | ss tr                                 | nan                                    | 0                                 | Client prefers not to answer                                                                                                   |
| 0                                                                                                  | One week or more, but less than one month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0    | One y                  | ear o                     | rlon                  | ger                         |                                       |                                        | 0                                 | Data not collected                                                                                                             |
| ΕI                                                                                                 | NGTH OF STAY LESS THAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ۱7   | NIGHT                  | S (TH                     | I, Pl                 | Н]                          |                                       |                                        |                                   |                                                                                                                                |
| 0                                                                                                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                        |                           | ĺ                     | Yes                         |                                       |                                        |                                   |                                                                                                                                |
| _                                                                                                  | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                        |                           |                       | 100                         |                                       |                                        |                                   |                                                                                                                                |
| ΕI                                                                                                 | NGTH OF STAY LESS THAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 90 | DAYS                   | [Inst                     |                       | 1                           | usin                                  | g Situa                                | tions                             | 3                                                                                                                              |
| 0                                                                                                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                        |                           | 0                     | Yes                         |                                       |                                        |                                   |                                                                                                                                |
| N<br>le                                                                                            | THE NIGHT BEFORE – STAY<br>and of Household and Adults] Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YEC  | ON TI                  | HE S                      | ΓRE                   | ETS, E                      | MEF                                   |                                        | CY S                              | HELTER, SAFE HAVE                                                                                                              |
| ON<br>He<br>○<br>Ap                                                                                | ad of Household and Adults] Yes proximate Date This Episode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of I | Homele                 | ssne                      | ss S                  | tarted                      | 0 -                                   | No<br>/                                |                                   |                                                                                                                                |
| ON<br>He<br>○<br>Ap                                                                                | ad of Household and Adults] Yes proximate Date This Episode umber of times the client has be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of I | Homele                 | ssne                      | ss S                  | tarted                      | o<br>                                 | No /                                   | /                                 | the last 3 years                                                                                                               |
| ON<br>He<br>O<br>Ap                                                                                | ad of Household and Adults] Yes proximate Date This Episode umber of times the client has to One Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of I | Homele                 | ssne                      | ss S                  | tarted                      | Safe                                  | No / Have                              | /<br>n in                         | the last 3 years                                                                                                               |
| Nu<br>Ap                                                                                           | yes proximate Date This Episode mber of times the client has to One Time Two Times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of I | Homele                 | ssne                      | ss S                  | tarted                      | Safe                                  | No / Have Clier Clier                  | n in                              | the last 3 years esn't know fers not to answer                                                                                 |
| Nu<br>O                                                                                            | yes  proximate Date This Episode  mber of times the client has to  One Time Two Times Three Times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of I | Homele                 | ssne                      | ss S                  | tarted                      | Safe                                  | No / Have Clier Clier                  | n in                              | the last 3 years                                                                                                               |
| Nu<br>Ap                                                                                           | yes  proximate Date This Episode  mber of times the client has to  One Time Two Times Three Times Four or More Times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of l | Homele                 | essne<br>e stre           | ss S<br>ets,          | tarted<br>ES, or            | Safe                                  | No /- Have Clier Clier Data            | n in<br>et doe<br>et pre<br>not d | the last 3 years esn't know fers not to answer collected                                                                       |
| ON<br>He<br>O<br>O<br>O<br>O                                                                       | yes  proximate Date This Episode  mber of times the client has to  One Time Two Times Three Times Four or More Times  tal number of months homele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of l | Homele<br>n on the     | essne<br>e stre           | ss S<br>ets,          | tarted<br>ES, or            | Safe                                  | No / Have Clier Clier Data             | /.en in It doe It pre In not a    | the last 3 years esn't know fers not to answer collected se last 3 years                                                       |
| ON<br>He<br>O<br>Ap<br>Nu<br>O<br>O                                                                | yes  proximate Date This Episode  mber of times the client has to  One Time Two Times Three Times Four or More Times  tal number of months homele One month (this time is the firs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of l | Homele n on the sonth) | essne<br>e stre<br>street | ss S<br>ets,          | tarted<br>ES, or            | Safe                                  | No / Have Clier Data Haven Clier       | n in t doe t pre not c            | the last 3 years esn't know fers not to answer collected e last 3 years esn't know                                             |
| Ap<br>Nu<br>O                                                                                      | yes  proximate Date This Episode  mber of times the client has to the Times  Two Times  Three Times  Four or More Times  tal number of months homele  One month (this time is the first care)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of l | Homele n on the sonth) | essne<br>e stre<br>street | ss S<br>ets,          | tarted<br>ES, or            | Safe I                                | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| Ap<br>Nu<br>O                                                                                      | yes  proximate Date This Episode  mber of times the client has to  One Time Two Times Three Times Four or More Times  real number of months homele One month (this time is the first 2-12 months (specify number of More than 12 months)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of I | Homele n on the sonth) | essne<br>e stre<br>street | ss S<br>ets,          | tarted<br>ES, or            | Safe                                  | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know                                             |
| Ap<br>Nu<br>O<br>O<br>O<br>O<br>O                                                                  | yes  proximate Date This Episode  mber of times the client has to the Times  Two Times  Three Times  Four or More Times  tal number of months homele  One month (this time is the first part of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of I | on the sonth)          | essne<br>e stre<br>street | ss S<br>ets,          | tarted<br>ES, or<br>S, or S | Safe I                                | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| Ap<br>Nu<br>O                                                                                      | yes  proximate Date This Episode  mber of times the client has to  One Time Two Times Three Times Four or More Times  real number of months homele One month (this time is the first 2-12 months (specify number of More than 12 months)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of I | on the sonth)          | essne<br>e stre<br>street | ss S<br>ets,          | tarted<br>ES, or<br>S, or S | Safe I                                | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| Ap<br>Nu<br>O<br>O<br>O<br>O<br>O<br>O                                                             | yes  proximate Date This Episode  mber of times the client has to the Times  Two Times  Three Times  Four or More Times  tal number of months homele  One month (this time is the first part of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of I | on the sonth)          | essne<br>e street         | ss S<br>ets,<br>es, E | tarted<br>ES, or<br>S, or S | Safe I                                | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| AF<br>Nu<br>OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO                                                    | yes  proximate Date This Episode  mber of times the client has to the Time Two Times Three Times Four or More Times Four or More Times One month (this time is the first 2-12 months (specify number of More than 12 months  EN CLIENT WAS ENGAGED  ate of Engagement: [Adults and Institute of Ins | of I | on the sonth)          | essne<br>e street         | ss S<br>ets,<br>es, E | tarted<br>ES, or<br>S, or S | Safe I                                | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| ON<br>He<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O | yes  proximate Date This Episode  mber of times the client has to the client has the client h | of I | on the sonth)          | street  Household         | ss Sets,              | ES, or Sandal               | Safe I                                | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| ON He O O O O O O O O O O O O O O O O O O                                                          | yes  proximate Date This Episode  mber of times the client has to the client of times  Three Times  Four or More Times  Three Times  Four or More Times  One month (this time is the first content to the client has to the client h | of I | on the sonth)          | street  Household         | ss Sets,              | ES, or Sandal               | Safe I                                | No / Have Clier Data Haven Clier Clier | n in that does t pre              | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| ON<br>He O O O O O O O O O O O O O O O O O O O                                                     | yes  proximate Date This Episode  mber of times the client has to the client of the client has to the client has the  | of I | on the sonth)          | street  Household         | ss Sets, ets, es, E   | s, or S                     | Safe                                  | No /- Have Clier Data Clier Data       | in that does to pre-              | the last 3 years esn't know fers not to answer collected  le last 3 years esn't know fers not to answer collected              |
| Nu o o o o o o o o o o o o o o o o o o o                                                           | yes  proximate Date This Episode  mber of times the client has to the client of times  Three Times  Four or More Times  Three Times  Four or More Times  One month (this time is the first content to the client has to the client h | of I | on the sonth)          | street  Household         | ss Sets, seho         | tarted ES, or S, or Salada  | Safe I                                | No / Have Clier Data Clier Clier Data  | in the transfer of the ligible    | the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer                          |
| ON [He o o o o o o o o o o o o o o o o o o o                                                       | yes  proximate Date This Episode  mber of times the client has to the Times  Three Times  Three Times  Four or More Times  tal number of months homelet  One month (this time is the first  2-12 months (specify number of More than 12 months  IEN CLIENT WAS ENGAGED  INTERIOR (Adults and Head ate of Status Determination ient Became Enrolled in PATI  "NO" TO ENROLLED IN PATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of I | on the sonth)          | street  Household         | ss Sets, seho         | tarted ES, or S, or Salada  | Safe I                                | No / Have Clier Data Clier Clier Data  | in the transfer of the ligible    | the last 3 years esn't know fers not to answer collected  e last 3 years esn't know fers not to answer collected  ble for PATH |

**DISABLING CONDITION** [All Clients]

| ○ No | Client doesn't know |
|------|---------------------|
|------|---------------------|



| o Yes                                                                     |             |            | 0          | Client prefers not to answer |
|---------------------------------------------------------------------------|-------------|------------|------------|------------------------------|
| - 100                                                                     |             |            | 0          | Data not collected           |
|                                                                           |             |            |            | Data not conceted            |
| HYSICAL DISABILITY [All Clients]                                          |             |            |            |                              |
| o No                                                                      |             |            | 0          | Client doesn't know          |
| o Yes                                                                     |             |            | 0          | Client prefers not to answer |
|                                                                           |             |            | 0          | Data not collected           |
| IF "YES" TO PHYSICAL DISABILITY - SPECI                                   | FΥ          |            | 1          | I au                         |
| Expected to be of long-continued and indefinite                           | 0           | No         | 0          | Client doesn't know          |
| duration and substantially impairs ability to live                        | 0           | Yes        | 0          | Client prefers not to answer |
| ndependently?                                                             |             |            | 0          | Data not collected           |
| EVELOPMENTAL DISABILITY [All Clients]                                     | 1           |            |            |                              |
| No                                                                        |             |            | 0          | Client doesn't know          |
| · Yes                                                                     |             |            | 0          | Client prefers not to answer |
| - 100                                                                     |             |            | 0          | Data not collected           |
|                                                                           |             |            |            | 2 5.10. 1.0. 2 5.11. 5.1.    |
| HRONIC HEALTH CONDITION [All Clients                                      | 1_          |            |            |                              |
| o No                                                                      |             |            | 0          | Client doesn't know          |
| o Yes                                                                     |             |            | 0          | Client prefers not to answer |
|                                                                           |             |            | 0          | Data not collected           |
| IF "YES" TO CHRONIC HEALTH CONDITION                                      | <u>– Sf</u> |            | 1          | ,                            |
| Expected to be of long-continued and indefinite                           | 0           | No         | 0          | Client doesn't know          |
| duration and substantially impairs ability to live                        | 0           | Yes        | 0          | Client prefers not to answer |
| independently?                                                            |             |            | 0          | Data not collected           |
| IIV-AIDS [All Clients]                                                    |             |            |            |                              |
|                                                                           |             |            |            | Client doesn't know          |
| <ul><li>No</li><li>Yes</li></ul>                                          |             |            | 0          | Client prefers not to answer |
| ○   165                                                                   |             |            | 0          | Data not collected           |
|                                                                           |             |            |            | Data not conceted            |
| MENTAL HEALTH DISORDER [All Clients]                                      |             |            |            |                              |
| • No                                                                      |             |            | 0          | Client doesn't know          |
| o Yes                                                                     |             |            | 0          | Client prefers not to answer |
|                                                                           |             |            | 0          | Data not collected           |
| IF "YES" TO MENTAL HEALTH DISORDER -                                      | SPE         | CIFY       |            |                              |
| Expected to be of long-continued and indefinite                           | 0           | No         | 0          | Client doesn't know          |
| duration and substantially impairs ability to live                        | 0           | Yes        | 0          | Client prefers not to answer |
| independently?                                                            |             |            | 0          | Data not collected           |
| UDCTANCE HEE DISORDED IAN Chartel                                         |             |            |            |                              |
| SUBSTANCE USE DISORDER [All Clients]                                      |             |            |            | To: ( )                      |
| O No                                                                      |             |            | 0          | Client doesn't know          |
| Alcohol use disorder                                                      |             |            | 0          | Client prefers not to answer |
| Drug use disorder     Path clockel and drug use disorders                 |             |            | 0          | Data not collected           |
| ○ Both alcohol and drug use disorders IF "ALCOHOL USE DISORDER" "DRUG USE | Die         | ODDED"     | <br>  OP " | BOTH ALCOHOL AND DRUG LISE   |
| DISORDERS" – SPECIFY                                                      | יסום        | ONDER      | UK "       | BOTH ALCOHOL AND DRUG USE    |
| Expected to be of long-continued and indefinite                           | 0           | No         | 0          | Client doesn't know          |
| duration and substantially impairs ability to live                        | 0           | Yes        | 0          | Client prefers not to answer |
| independently?                                                            |             | 103        | 0          | Data not collected           |
| aspsiliasility.                                                           |             |            |            | Data not conceted            |
| SURVIVOR OF DOMESTIC VIOLENCE [Hea                                        | ad ^        | f House    | hold a     | and Adultal                  |
|                                                                           | au U        | i i iousei |            | <u> </u>                     |
| o No                                                                      |             |            | 0          | Client doesn't know          |

0

0

Client prefers not to answer

Data not collected

Yes



| IF                         | IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED |   |                              |   |                              |  |  |  |
|----------------------------|------------------------------------------------------------------------------|---|------------------------------|---|------------------------------|--|--|--|
| 0                          | Within the past three months                                                 |   |                              | 0 | Client doesn't know          |  |  |  |
| 0                          | Three to six months ago (excluding six month                                 | 0 | Client prefers not to answer |   |                              |  |  |  |
| 0                          | Six months to one year ago (excluding one year                               | 0 | Data not collected           |   |                              |  |  |  |
| 0                          | One year ago or more                                                         |   |                              |   |                              |  |  |  |
|                            |                                                                              | 0 | No                           | 0 | Client doesn't know          |  |  |  |
| Are you currently fleeing? |                                                                              |   | Yes                          | 0 | Client prefers not to answer |  |  |  |
|                            |                                                                              |   |                              | 0 | Data not collected           |  |  |  |

| INC | OME FROM ANY SOURCE [H                                               | lead of Ho | usel | nold and Adults]                               |        |  |  |  |  |  |
|-----|----------------------------------------------------------------------|------------|------|------------------------------------------------|--------|--|--|--|--|--|
| 0   | No                                                                   |            | 0    | Client doesn't know                            |        |  |  |  |  |  |
| 0   | Yes                                                                  |            |      | Client prefers not to answer                   |        |  |  |  |  |  |
|     |                                                                      |            | 0    | Data not collected                             |        |  |  |  |  |  |
| IF  | IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY |            |      |                                                |        |  |  |  |  |  |
| Inc | come Source                                                          | Amount     | Inc  | ome Source                                     | Amount |  |  |  |  |  |
| 0   | Earned Income                                                        |            | 0    | Temporary Assistance for Needy Families (TANF) |        |  |  |  |  |  |
| 0   | Unemployment Insurance                                               |            | 0    | General Assistance (GA)                        |        |  |  |  |  |  |
| 0   | Supplemental Security Income (SSI)                                   |            | 0    | Retirement income from Social Security         |        |  |  |  |  |  |
| 0   | Social Security Disability<br>Insurance (SSDI)                       |            | 0    | Pension or retirement income from a former job |        |  |  |  |  |  |
| 0   | VA Service-Connected Disability Compensation                         |            | 0    | Child support                                  |        |  |  |  |  |  |
| 0   | VA Non-Service-Connected Disability Pension                          |            | 0    | Alimony and other spousal Support              |        |  |  |  |  |  |
| 0   | Private Disability Insurance                                         |            | 0    | Other income source (specify):                 |        |  |  |  |  |  |
| 0   | Worker's Compensation                                                |            |      |                                                |        |  |  |  |  |  |
| То  | tal Monthly Income for Individua                                     | al:        |      |                                                |        |  |  |  |  |  |

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

| 0  | No                                                                            | 0 | Client doesn't know          |  |  |  |  |  |
|----|-------------------------------------------------------------------------------|---|------------------------------|--|--|--|--|--|
| 0  | Yes                                                                           | 0 | Client prefers not to answer |  |  |  |  |  |
|    |                                                                               | 0 | Data not collected           |  |  |  |  |  |
| IF | IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY               |   |                              |  |  |  |  |  |
| 0  | Supplemental Nutrition Assistance Program (SNAP)                              | 0 | TANF Child Care Services     |  |  |  |  |  |
| 0  | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | 0 | TANF Transportation Services |  |  |  |  |  |
| 0  | Other (specify):                                                              | 0 | Other TANF-funded services   |  |  |  |  |  |

# **COVERED BY HEALTH INSURANCE** [All Clients]

| 0                                                                | No  | 0 | Client doesn't know          |  |  |  |
|------------------------------------------------------------------|-----|---|------------------------------|--|--|--|
| 0                                                                | Yes | 0 | Client prefers not to answer |  |  |  |
|                                                                  |     | 0 | Data not collected           |  |  |  |
| IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS |     |   |                              |  |  |  |



| 0 | MEDICAID                                  | 0 | Employer Provided Health Insurance      |  |
|---|-------------------------------------------|---|-----------------------------------------|--|
| 0 | MEDICARE                                  | 0 | Health Insurance Obtained Through COBRA |  |
| 0 | State Children's Health Insurance (SCHIP) | 0 | Private Pay Health Insurance            |  |
| 0 | Veteran's Health Administration (VHA)     | 0 | State Health Insurance for Adults       |  |
| 0 | Other (specify):                          | 0 | Indian Health Services Program          |  |

## **Additional Information**

## SEX [All Clients]

| 0 | Female | 0 | Client doesn't know          |
|---|--------|---|------------------------------|
| 0 | Male   | 0 | Client prefers not to answer |
|   |        | 0 | Data not collected           |

Signature of applicant stating all information is true and correct Date