

CLARITY HMIS: HHS - PATH PROJECT INTAKE FORM

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

	Please complete a separate form for each household member.																			
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IF "YES" TO VETERAN STATUS



Theater of Operations: World War II No No Ves Client doesn't know Data not collected Theater of Operations: Korean War No Ves Client prefers not to answer Client prefers not to answer Client prefers not to answer Data not collected Theater of Operations: Vietnam War No Ves Client doesn't know Client doesn't know Client doesn't know Client prefers not to answer Data not collected Theater of Operations: Persian Gulf War (Desert Storm) No Ves Client prefers not to answer Client prefers not to answer Client prefers not to answer Data not collected Theater of Operations: Afghanistan (Operation Enduring Freedom) No Ves Client doesn't know Client prefers not to answer Client prefers not to answer Data not collected Theater of Operations: Iraq (Operation Iraqi Freedom) No Ves Data not collected Theater of Operations: Iraq (Operation Iraqi Freedom) No Data not collected Theater of Operations: Iraq (Operation New Dawn) No Data not collected Theater of Operations: Iraq (Operation New Dawn) No Data not collected Theater of Operations: Other peace-keeping operations or millitary interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
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Lebanon, Panama, Somalia, Bosnia, Kosovo)
o No Olient doesn't know
 Yes Client prefers not to answer
Data not collected
Branch of the Military
○ Army ○ Space Force
○ Air Force
 Navy Client prefers not to answer
Marines Data not collected
Coast Guard
Discharge Status
○ Honorable ○ Uncharacterized
 ○ General under honorable conditions ○ Client doesn't know
 Other than honorable conditions (OTH) Client prefers not to answer
Bad Conduct Data not collected
Dishonorable

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		



ENROLLMENT CoC [only 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]

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0	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
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detox center	0	Client doesn't know
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer
0	Residential project or halfway house with no homeless criteria	0	Data not collected
II	"RENTAL BY CLIENT, WITH ONGOING HOU	SIN	3 SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing
0	Public Housing Unit	0	Other permanent housing dedicated for
0	Rental by client, with other ongoing housing subsidy		formerly homeless persons

LENGTH OF STAY IN PRIOR LIVING SITUATION

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

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

0	No	0	Yes
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o No	○ Yes					
	1 1					
ON THE NIGHT BEFORE - STAYED ON	THE STREETS,	EME	RGENCY SHELTER, SAFE HAVEI			
Head of Household and Adults] ○ Yes		0	No			
		1	INO			
Approximate Date This Episode of Home	elessness Starte	d .				
Number of <i>tim</i> es the client has been on t	the streets, ES, o	or Safe	e Haven in the last 3 years			
One Time		0	Client doesn't know			
Two Times		0	Client prefers not to answer			
Three Times		0	Data not collected			
Four or More Times						
Total number of months homeless on th	<u>e streets, ES, or</u>	- 1				
One month (this time is the first month)		0	Client doesn't know			
2-12 months (specify number of months)	s):	0	Client prefers not to answer			
More than 12 months		0	Data not collected			
WEN OF IENT MAD ENDAGED						
VHEN CLIENT WAS ENGAGED						
Date of Engagement: [Adults and Head	of Household]	/				
ATH CTATHC (Advite and Hood of Ho	l l . l . l					
ATH STATUS [Adults and Head of Hou	<u> </u>					
Date of Status Determination	° /	/_				
Client Became Enrolled in PATH	o No					
IF "NO" TO ENROLLED IN PATH	o Yes					
IF NO TO ENROLLED IN PATH	○ Client w	ac for	and inclinible for DATH			
Danasa Nat Envellad		Client was found ineligible for PATH Client was not enrolled for other reason(s)				
Reason Not Enrolled		Unable to locate client				
	o Onable	10 100	ate chefft			
ISABLING CONDITION [All Clients]						
No		0	Client doesn't know			
· Yes		0	Client prefers not to answer			
5 103		0	Data not collected			
			Data not conceted			
HYSICAL DISABILITY [All Clients]						
No		0	Client doesn't know			
○ Yes		0	Client prefers not to answer			
~ 100		0	Data not collected			
IF "YES" TO PHYSICAL DISABILITY – SF	PECIFY					
Expected to be of long-continued and indef		0	Client doesn't know			
duration and substantially impairs ability to		0	Client prefers not to answer			
independently?	<u> </u>	0	Data not collected			
DEVELOPMENTAL DISABILITY [All Cli	ents]					
o No		0	Client doesn't know			
○ Yes		0	Client prefers not to answer			
		0	Data not collected			



CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF	"YES" TO CHRONIC HEALTH CONDITION -	PECIFY			
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live					Client prefers not to answer
inc	lependently?			0	Data not collected

HIV-AIDS [All Clients]

0 1	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

o No			0	Client doesn't know	
○ Yes			0	Client prefers not to answer	
				Data not collected	
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY					
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	

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know	
0	Alcohol use disorder			0	Client prefers not to answer	
0	Drug use disorder			0	Data not collected	
0	Both alcohol and drug use disorders					
	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE					
DI	DISORDERS" – SPECIFY					
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know	
	pected to be of long-continued and indefinite ration and substantially impairs ability to live	0	No Yes	0	Client doesn't know Client prefers not to answer	

SURVIVOR OF DOMESTIC VIOLENCE [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 SURVIVOR OF DOMESTIC VIOLENCE - SPEC				WHEN EXPERIENCE OCCURRED
0	Within the past three months		0	Client doesn't know	
0	Three to six months ago (excluding six months exactly)			0	Client prefers not to answer
0	Six months to one year ago (excluding one year exactly)			0	Data not collected
0	One year ago or more				
		o No		0	Client doesn't know
Ar	Are you currently fleeing?		Yes	0	Client prefers not to answer
				0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
		0	Data not collected			
0	Yes	0	Client prefers not to answer			
0	No	0	Client doesn't know			



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 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						
To	Total Monthly Income for Individual:						

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

		arra	, idanoj				
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				
	Special Supplemental Nutrition Program for Women,		TANE Transportation Convince				
0	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	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]

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

Signature of applicant stating all information is true and correct

Date