

Agency Name: _____



CLARITY HMIS: HHS-PATH INTAKE FORM

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

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PROGRAM ENTRY DATE *[All Clients]*

Month

Day

Year

SOCIAL SECURITY NUMBER *[All Clients]*

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QUALITY OF SOCIAL SECURITY			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

CURRENT NAME *[All Clients]*

N/A

Last																				<input type="radio"/>	
First																					<input type="radio"/>
Middle																					<input type="radio"/>
Suffix																					<input type="radio"/>

QUALITY OF CURRENT NAME

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

DATE OF BIRTH *[All Clients]*

																				Age:
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Month

Day

Year

QUALITY OF DATE OF BIRTH			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Transgender male to female	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender female to male	<input type="radio"/>	Doesn't Identify as male, female, or transgender

RACE (Select all applicable) [All Clients]

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	White/Caucasian
<input type="radio"/>	Asian	<input type="radio"/>	Client does not know
<input type="radio"/>	Black/African American	<input type="radio"/>	Client refused
<input type="radio"/>	Hawaiian or Other Pacific Islander	<input type="radio"/>	Data Not Collected

ETHNICITY [All Clients]

<input type="radio"/>	NonHispanic/ NonLatino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS [All Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
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Year separated from military service (year)			
Theater of Operations: World War II			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client refused	
		<input type="radio"/> Data not collected	
Theater of Operations: Korean War			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client refused	
		<input type="radio"/> Data not collected	
Theater of Operations: Vietnam War			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client refused	
		<input type="radio"/> Data not collected	
Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client refused	
		<input type="radio"/> Data not collected	
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client refused	
		<input type="radio"/> Data not collected	
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client refused	
		<input type="radio"/> Data not collected	
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client refused	
		<input type="radio"/> Data not collected	

Theater of Operations: Other peacekeeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected

Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: nonrelation member

CLIENT LOCATION [only if multiple CoC's] _____
HOUSING STATUS AT ENTRY [Head of Household and Adults]

<input type="radio"/>	Homeless	<input type="radio"/>	Fleeing domestic violence	<input type="radio"/>	Client doesn't know
<input type="radio"/>	At imminent risk of losing housing	<input type="radio"/>	Atrisk of homelessness	<input type="radio"/>	Client refused
<input type="radio"/>	Homeless only under other federal statutes	<input type="radio"/>	Stably housed	<input type="radio"/>	Data not collected

CONNECTION WITH SOAR [Heads of Households and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
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<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

LIVING SITUATION BY TYPE OF RESIDENCE

[Head of Household and Adults Only]

<input type="radio"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher	<input type="radio"/> Rental by client, with VASH subsidy
<input type="radio"/> Foster care home or group home	<input type="radio"/> Rental by client, with GTD TIP subsidy
<input type="radio"/> Hospital or other residential non psychiatric medical facility	<input type="radio"/> Rental by client, with other ongoing housing subsidy
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Residential project or halfway house with no homeless criteria
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Safe Haven
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Owned by client, no ongoing housing subsidy	<input type="radio"/> Staying or living in a friend's room, apartment or house
<input type="radio"/> Owned by client, with ongoing housing subsidy	<input type="radio"/> Substance abuse treatment facility or detox center
<input type="radio"/> Place not meant for habitation	<input type="radio"/> Interim Housing
<input type="radio"/> Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)	<input type="radio"/> Transitional housing for homeless persons (including homeless youth)
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Rental by client, no ongoing housing subsidy	<input type="radio"/> Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/> One night or less	<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Client doesn't know
<input type="radio"/> Two to six nights	<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client refused
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One year or longer	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Yes
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LENGTH OF STAY LESS THAN 90 DAYS
[If type of stay is Interim Housing- Facility /Institution etc]

<input type="radio"/> No	<input type="radio"/> Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
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Approximate Date Homelessness Started

____/____/____

Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years

<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Four or More Times	<input type="radio"/> Data not collected

Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years

<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 212 months (specify number of months): _____	<input type="radio"/> Client refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

CLIENT HAS BEEN ENGAGED

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO CLIENT HAS BEEN ENGAGED	
Date of Engagement	____/____/____
Status Determination Completed	<input type="radio"/> No
	<input type="radio"/> Yes
IF "YES" TO PATH STATUS DETERMINATION COMPLETED	
Date of Determination	____/____/____
Client is Eligible and Enrolled in PATH	<input type="radio"/> No
	<input type="radio"/> Yes
IF "NO" TO CLIENT IS ELIGIBLE AND ENROLLED IN PATH	
Reason Not Enrolled	<input type="radio"/> Client was found ineligible for PATH
	<input type="radio"/> Client was not enrolled for other reason(s)

DISABLING CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY	
Currently receiving services for physical disability	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client refused
Long-term physical disability	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes
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DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY

Currently receiving services for developmental disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

HIVAIDS [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO HIVAIDS – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

MENTAL HEALTH PROBLEM [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY				
Receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Long-term mental health problem	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes
How confirmed	<input type="radio"/>	Unconfirmed; presumptive or self report		
	<input type="radio"/>	Confirmed through assessment and clinical evaluation		

	<input type="radio"/>	Confirmed by prior evaluation or clinical records
Serious mental illness (SMI) and, if SMI, how confirmed		
<input type="radio"/>	No	<input type="radio"/> Confirmed by prior evaluation or clinical records
<input type="radio"/>	Unconfirmed; presumptive or self report	<input type="radio"/> Client doesn't know
<input type="radio"/>	Confirmed by prior evaluation or clinical records	<input type="radio"/> Client refused

SUBSTANCE ABUSE PROBLEM [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse
<input type="radio"/>	Alcohol abuse	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug abuse	<input type="radio"/>	Data not collected
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY			
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
		Yes	<input type="radio"/> Client refused
Long-term substance abuse problem	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
		Yes	<input type="radio"/> Client refused
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/> Yes
How confirmed	<input type="radio"/>	Unconfirmed; presumptive or self report	
	<input type="radio"/>	Confirmed through assessment and clinical evaluation	
	<input type="radio"/>	Confirmed by prior evaluation or clinical records	

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Earned Income	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Income (SSDI)		<input type="radio"/>	Pension or retirement income from former job	
<input type="radio"/>	VA ServiceConnected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA NonService Connect Disability Pensioned		<input type="radio"/>	Private disability insurance	
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Other source	
<input type="radio"/>	Worker's Compensation		Specify Other"		
Total monthly amount:					

RECEIVING NONCASH BENEFITS *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other (Specify):

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

Signature of applicant stating all information is true and correct Date