

HMIS Intake and Enrollment Form PATH

For persons entering HMIS project type: **PATH**

Client HMIS ID # _____

Client DMH #: _____

Program Start Date:
(POR1 Date) _____

Staff Completing HMIS Form: _____

BOTH (PATH & Coordinated Entry) PATH

Identification - All fields required unless otherwise noted

BHRS/HMIS ROI Completion Date: ____/____/____

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Name Data Quality: Did the client provide their full name?	Social Security Number (SSN) And Data Quality	Date of Birth (DOB) and Data Quality
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	_____ <input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	____/____/____ <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Basic Demographics - All fields required unless otherwise noted

Race (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Gender Non-Conforming (Not exclusively Male or Female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Program Enrollment (Ask the client where he/she stayed last night) <input type="checkbox"/> Outreach Place not meant for habitation (i.e. streets, under bridges, camps, camp grounds, abandoned buildings, buildings meant for animals, vehicles, public areas) <input type="checkbox"/> Supportive Services (Select this if the client's answer DOES NOT fall under "Place not meant for habitation")
Veteran - Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Date of Engagement (O/R-Intake completed) ____/____/____ Date of PATH Status Determination (POR 3 Date) (SMI confirmed, client homeless/at risk, client agrees to services and IRP completed/signed) ____/____/____
Relationship to Head of Household <input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: Family Member <input type="checkbox"/> Other: Non-Family Member	Client Became Enrolled in PATH (POR3) <input type="checkbox"/> Yes (Only select when there is a PATH Status Determination Date above) <input type="checkbox"/> No (Select options below) <input type="checkbox"/> Client was found ineligible for PATH (Confirmed no SMI or client is not homeless/at risk of homelessness) <input type="checkbox"/> Client was not enrolled for another reason (i.e. Unable to confirm SMI, client left the program, IRP not yet completed) <input type="checkbox"/> Unable to locate client

Universal Data Assessment

Living Situation: Identify the type of residence and length of stay at that residence just prior to (i.e., program admission)

Literally Homeless Situations

1. What was the living Situation you were living in immediately prior to project entry?

- Place not meant for habitation (**Street Outreach Project ONLY**)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter (i.e. CHSS, Mission, Respite, Rest House)
- Safe Haven

2. Length of stay in prior living situation?

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

3. What approximate date did you start living on the streets, emergency shelter, or safe haven?

(Approximate date homelessness started)

____/____/____

4. Regardless of where they stayed last night -- Number of times the client has been on the streets, in ES, or SH in the past three years including today?

- One Time
- Two Times
- Three Times
- Four or more times
- Client Doesn't Know
- Client Refused

5. Total number of months homeless on the streets, in ES, or SH in the past three years?

- One Month (this time is the first month)
- 2-12 (____ months)
- More than 12
- Client Doesn't Know
- Client Refused

Institutional Situations

1. What was the living Situation you were living in immediately prior to project entry?

- 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

2. Did you stay less than 90 Days

- Yes (Continue to questions 3-4)
- No (Continue to question 3 and then Enter Wellness Assessment)

3. Length of stay in prior living Situation?

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven

- Yes(Continue to questions 5-7)
- Client Doesn't Know
- No (Continue with Wellness Assessment)
- Client Refused

5. What approximate date did you start living on the streets, emergency shelter, or safe haven?

(Approximate date homelessness started)

____/____/____

6. Regardless of where they stayed last night Number of times the client has been on the streets, in ES, or SH in the past three years including today?

- One Time
- Two Times
- Three Times
- Four or more times
- Client Doesn't Know
- Client Refused

7. Total number of months homeless on the streets, in ES, or SH in the past three years?

- One Month (this time is the first month)
- 2-12 (____ months)
- More than 12
- Client Doesn't Know
- Client Refused

<u>Transitional & Permanent Housing Situations</u>		
1. What was the living Situation you were living in immediately prior to project entry? <ul style="list-style-type: none"> <input type="checkbox"/> Residential project or halfway house with no homeless criteria (i.e. Sober Living) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client, in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy (i.e. Room & Board) <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused 	2. Did you stay less than 7 Nights <ul style="list-style-type: none"> <input type="checkbox"/> Yes (Continue to questions 3-4) <input type="checkbox"/> No (Answer 3 then continue to Wellness Assessment) 	3. Length of stay in prior living Situation? <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven	<ul style="list-style-type: none"> <input type="checkbox"/> Yes(Continue to questions 5-7) <input type="checkbox"/> Client Doesn't Know 	<ul style="list-style-type: none"> <input type="checkbox"/> No (Continue with Wellness Assessment) <input type="checkbox"/> Client Refused
5. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)	_____ / _____ / _____	
6. How many times has the client been homeless on the streets, in shelters in the past 3 years?	<ul style="list-style-type: none"> <input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times 	<ul style="list-style-type: none"> <input type="checkbox"/> Four or more times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
7. Total number of months homeless on the streets, in ES, or SH in the past three years	<ul style="list-style-type: none"> <input type="checkbox"/> One Month (this time is the first month) <input type="checkbox"/> 2-12 (____ months) 	<ul style="list-style-type: none"> <input type="checkbox"/> More than 12 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Wellness Assessment		
Health Insurance	<input type="checkbox"/> Yes (Enter Source (s) Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> State Children's Health Insurance(SCHIP)	<input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Funded Insurance Adults (Medi-Cal)	<input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other : _____
Connection with SOAR (Is the client connected with BHRS SSI/SSDI staff, PATH O/R staff or other SOAR staff)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

Alcohol Abuse	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
Chronic Health Condition	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Development Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Drug Abuse	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Mental Health	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
2. Documentation of disability and severity on file? (Staff Answer)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. How confirmed? PATH ONLY (Staff Answer)	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY (Staff Answer)	<input type="checkbox"/> No <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (ie Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
Physical Disability	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Disabling Condition – If Developmental, HIV or “Yes” to “Expected to be...” for any of the above barriers then this must be answered “Yes.”			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Domestic Violence			
Is the client a domestic violence victim/survivor?	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know	
If yes, How long ago did you have this experience?	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago <input type="checkbox"/> 6 months to one year	<input type="checkbox"/> One year ago or more <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

Financial Assessment			
Income Source	Stated Income (Monthly)	Non-Cash Resources	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/> Special Supplemental nutritional Program Women and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security) (SSA)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income	\$		
Date of Contact ___/___/_____			
Current Living Situation: Outreach Contact			
Record the client's current living situation information below.			
1. Living Situation: <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter (i.e. CHSS, Mission, Respite, Rest House) <input type="checkbox"/> Safe Haven <input type="checkbox"/> Other (i.e. TH & PH) <input type="checkbox"/> Worker unable to determine 			