

HMIS Annual/Update Form PATH

Client DMH #: _____

Project Update Date: _____

Project Name: _____

Staff Completing HMIS Form: _____

Identification - All fields required unless otherwise noted

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Social Security Number (SSN) _____ Date of Birth(DOB) _____

_____-_____-_____/_____/_____/_____

Date of Engagement (O/R-Intake completed) **LEAVE BLANK IF THIS IS A RE-ENROLLMENT** **Date of PATH Status Determination (POR 3 Date)** (SMI confirmed, client homeless/at risk, client agrees to services and IRP completed/signed) **LEAVE BLANK IF THIS IS A RE-ENROLLMENT**

_____/_____/_____/_____/_____/_____

Client Became Enrolled in PATH (POR 3)

- Yes (Only select when there is a PATH Status Determination Date above)
- No (Select options below)
 - Client was found ineligible for PATH (Confirmed no SMI or client is not homeless/at risk of homelessness)
 - Client was not enrolled for another reason (i.e. Unable to confirm SMI, client left the program, IRP not yet completed)
- Select this for Re-Enrollment, ONLY if the client returned to the PATH program within 90 days of the last HMIS Exit Date (discharge date of the last assignment category {POR 1, POR 2, or POR 3}). Complete this HMIS PATH Update form with the client. Date of the LAST HMIS Exit Date _____**

Wellness Assessment

Health Insurance Yes (Enter Sources Below) No Client Doesn't Know Client Refused

- | | | |
|--|---|---|
| <input type="checkbox"/> Private Pay Health Insurance | <input type="checkbox"/> VA Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Employer Provided Health Insurance | <input type="checkbox"/> Other: (Specify) _____ |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Health Insurance obtained through COBRA | |
| <input type="checkbox"/> State Children's Health Insurance (SCHIP) | <input type="checkbox"/> State Funded Insurance Adults (Medi-Cal) | |

Connection with SOAR (SSI/SSDI Outreach, Access, & Recovery) Program
(Is this client connected with BHRS SSI/SSDI staff, PATH O/R staff or other SOAR staff?)

Yes No Client Doesn't Know Client Refused

For During Program Enrollment Only

Alcohol Use Disorder Yes (Answer Questions Below) No Client Doesn't Know Client Refused

1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?

Yes No Client Doesn't Know Client Refused

2. Documentation of disability and severity on file? (Staff Answer) Yes No

3. How confirmed? PATH ONLY (Staff Answer)

- Unconfirmed; presumptive or self-report Confirmed by prior evaluation or clinical records (i.e. Cerner)
- Confirmed through assessment and clinical evaluation

Chronic Health Condition Yes (Answer Questions Below) No Client Doesn't Know Client Refused

1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?

Yes No Client Doesn't Know Client Refused

Developmental Disability Yes No Client Doesn't Know Client Refused

Drug Use Disorder	<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 Disorder	<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 (ie Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation		
4. Serious mental health disorder (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 (For During Program Enrollment Only)			
Domestic Violence Experience?	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know	
When Experience Occurred?	<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 <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	Stated Income (Monthly)	Non-Cash Resources <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	Stated Amounts (Monthly)
<input type="checkbox"/> Earned Income (<i>employment wages / cash</i>)	\$	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants 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	\$		
<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:**
- Place not meant for habitation
 - 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
 - Other **(i.e., TH, PH)**
 - Worker unable to determine