## **HMIS Intake and Enrollment Form PATH**

For persons entering HMIS project type: PATH

Client ID:	
Project Name:	
(PORI Date):	
Staff Name:	

Identification-All fields required unless otherwise noted   SHRS/HMIS ROI Completion Date   Suffix:   Su	ror persons entering niviis project type. PATH				
First Name: Suffix:  Name Data Quality Did the client provide their full name?  Goal Security Number (SSN)  Full SSN reported  Glient doesn't know Glient prefers not to answer  Glient doesn't know Glient prefers not to answer  Glient doesn't know Glient prefers not to answer  Basic Demographics. All fields required unless otherwise noted  Race and Ethnicity (Check oil that apply)  American Indian, Alaska Native, or Indigenous – A person who identifies with any of the original peoples of North, Central, and South America. Ex. Include, but are not limited to, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Tlingit, etc. Asian or Asian American – A person who identifies with one or more nationalities or ethnic groups originating in East Asia, Southeast Asia, or the Indian subcontinent. Ex. Include, but are not limited to, Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.  Black, African American, or African – A person who identifies with one or more nationalities or ethnic groups originating in any of the Black racial groups of Africa, including Afro-Caribbean. Ex. Include, but are not limited to, African American, Jamaican, Haltian, Nigerian, Ethiopian, and Somali.  Hispanic/Latina/e/o – A person who identifies with one or more nationalities or ethnic groups originating in any of the Black racial groups of Africa, including Afro-Caribbean. Ex. Include, but are not limited to, African American, Jamaican, Haltian, Nigerian, Ethiopian, and Somali.  Hispanic/Latina/e/o – A person who identifies with one or more nationalities or ethnic groups with origins in the Middle East and North Africa. Ex. Include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.  Man (Bush and Salvadorian, Dominican, and Columbian.  White – A person who identifies with one or more nationalities or ethnic groups originating in	Identification-All fields required unless otherwise noted	1			
Last Name:    Social Security Number (SSN)   Birth Date (DOB)	BHRS/HMIS ROI Completion Date	/			
Name Data Quality Did the client provide their full name?	First Name:	Middle Name:			
Full Name Reported	Last Name: Suffix:				
Full Name Reported   Partial, street name, or code name reported   Client doesn't know   Client doesn't kno	Name Data Quality	Social Security Number (SSN)	Birth Date (DOB)		
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Veteran Status (Have you ever served in the U.S. Military?)					
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		t prefers not to answer			

HMIS v17 (10/2023) Page **1** of **5** 

Mailing Address and Contact Information (Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)					
Address:	•				
City, State, Zip Code:			_		
Email:			-		
Main Phone:			-		
Message Phone:					
Relationship to Head of H					
•	ughter □Dependent ch	ild □Spouse □Other Fa	mily Member		
□Other Non-Family Member	•		,,		
Project Enrollment (Ask th		last niaht)			
-		er bridges, camps, campgrounds, aba	ndoned huildings huildings meant		
for animals, vehicles, public are		z. zmages, camps, campg.camas, aza	naonea sanamgs, sanamgs meane		
-		S NOT fall under 'Place not meant for	habitation'		
Project Start Date		/ /			
Date of Engagement (O/R	2-Intake completed)	/ /			
Date of PATH Status Deterr		confirmed client			
homeless/at risk, client agrees			1		
		signed)	<u>_/</u>		
Client Became Enrolled in					
☐Yes (Only select when there is a	a PATH Status Determination Date	above)			
□ No (Select options below)	or DATIL (Confirmed so SAM or clice	tic not hamalass (at rick of hamalassnass	1		
		t is not homeless/at risk of homelessness irm SMI, client left the program, IRP not y			
☐Unable to Locate	nother reason (ne. onable to cong	swii, eliene iege are program, nii noe y	et completeu)		
Universal Data Assessme	nt				
		pected to be' for any of the barrier	s halow than this must be answered		
'Yes'			s below then this must be unswered		
│ □Yes   □No   □Clier		nt prefers not to answer			
		•			
Living Situation: Identify the	type of residence and length	of stay at that residence just prior to			
Living Situation: <i>Identify the</i> 1. What was the situation	type of residence and length you were living in immed	of stay at that residence just prior to ately prior to project entry? (The	night before)		
Living Situation: Identify the  1. What was the situation Literally Homeless	type of residence and length you were living in immedi Institutional Situations	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing	night before) Permanent Housing		
Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for	type of residence and length you were living in immedi Institutional Situations □Foster Care home or	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing	Permanent Housing  □Rental by client, with no ongoing		
Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for habitation: (Street Outreach	type of residence and length nyou were living in immediant Institutional Situations  Soster Care home or foster care group home	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including	night before)  Permanent Housing  □Rental by client, with no ongoing housing subsidy		
Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for habitation: (Street Outreach Project ONLY)	type of residence and length nyou were living in immediant Institutional Situations  Foster Care home or foster care group home Hospital or other	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)	riight before)  Permanent Housing  □Rental by client, with no ongoing housing subsidy □Rental by client, with other		
Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for habitation: (Street Outreach	Institutional Situations  Foster Care home or foster care group home  Hospital or other residential non-psychiatric	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)  Residential project or halfway	Permanent Housing  Rental by client, with no ongoing housing subsidy  Rental by client, with other ongoing housing subsidy		
Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for habitation: (Street Outreach Project ONLY) Car/ Truck/Van RV Other	Institutional Situations  Foster Care home or foster care group home  Hospital or other residential non-psychiatric medical facility	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria	Permanent Housing  □Rental by client, with no ongoing housing subsidy □Rental by client, with other ongoing housing subsidy Subsidy Type:		
Living Situation: Identify the  1. What was the situation  Literally Homeless  Place not meant for habitation: (Street Outreach Project ONLY) Car/ Truck/Van RV Other Emergency Shelter,	Institutional Situations  Foster Care home or foster care group home Hospital or other residential non-psychiatric medical facility  Jail, prison, or juvenile	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria (i.e. Sober Living)	Permanent Housing  □Rental by client, with no ongoing housing subsidy □Rental by client, with other ongoing housing subsidy Subsidy Type: □GPD TIP housing subsidy		
Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for habitation: (Street Outreach Project ONLY) Car/ Truck/Van RV Other Emergency Shelter, including hotel or motel paid	type of residence and length nyou were living in immediant institutional Situations    Foster Care home or foster care group home   Hospital or other residential non-psychiatric medical facility   Jail, prison, or juvenile detention facility	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria	Permanent Housing  □Rental by client, with no ongoing housing subsidy □Rental by client, with other ongoing housing subsidy  Subsidy Type: □GPD TIP housing subsidy □VASH housing subsidy		
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Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for habitation: (Street Outreach Project ONLY) Car/ Truck/Van RV Other Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home	type of residence and length nyou were living in immediant institutional Situations  □ 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	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria (i.e. Sober Living)  Hotel or motel paid for without emergency shelter voucher	Permanent Housing  □Rental by client, with no ongoing housing subsidy □Rental by client, with other ongoing housing subsidy  Subsidy Type: □GPD TIP housing subsidy □VASH housing subsidy		
Living Situation: Identify the  1. What was the situation Literally Homeless  Place not meant for habitation: (Street Outreach Project ONLY) Car/ Truck/Van RV Other Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter (i.e. CHSS, Mission,	Institutional Situations Institutional Situational Institutional Institutiona	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria (i.e. Sober Living)  Hotel or motel paid for without emergency shelter voucher  Host Home (non-crisis)	Permanent Housing  □Rental by client, with no ongoing housing subsidy □Rental by client, with other ongoing housing subsidy  Subsidy Type: □GPD TIP housing subsidy □VASH housing subsidy □RRH or equivalent subsidy □HCV voucher (tenant or project		
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Living Situation: Identify the  1. What was the situation  Literally Homeless  Place not meant for habitation: (Street Outreach Project ONLY) Car/ Truck/Van RV Other Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter (i.e. CHSS, Mission, Respite, Rest House) Safe Haven  *If selection made, continue to questions 2,	Institutional Situations Institutional Institutional Institution Institutional Instituti	of stay at that residence just prior to ately prior to project entry? (The Temporary Housing  Transitional Housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria (i.e. Sober Living)  Hotel or motel paid for without emergency shelter voucher  Host Home (non-crisis)  Staying or living in a family member's room, apartment or house  Staying or living in a friend's room, apartment, or house	Permanent Housing  □Rental by client, with no ongoing housing subsidy □Rental by client, with other ongoing housing subsidy  Subsidy Type: □GPD TIP housing subsidy □VASH housing subsidy □RRH or equivalent subsidy □HCV voucher (tenant or project based) (not dedicated) □Public Housing Unit □Rental by client, with other ongoing housing subsidy □Emergency Housing Voucher □Family Unification Program		
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	□Owned by client, with ongoing
	housing subsidy
	☐Owned by client, no ongoing subsidy
	Subsidy
	*If selection made, continue to
	question 1b
□Client doesn't know	
□Client prefers not to answer	
1a. Did you stay less than 90 days? (*Pertains t	to Institutional Situation)
□Yes (Continue to questions 2-2a)	□No (Continue to question 2, then to Health Insurance)
	□Client prefers not to answer
1b. Did you stay less than 7 nights? (*Pertains to	to Transitional & Permanent Housing Situations)
□Yes (Continue to questions 2-2a)	□No (Continue to question 2, then to Health Insurance)
□Client doesn't know	□Client prefers not to answer
2. Length of stay in prior living situation?	
☐One night or less	☐Two to six nights
$\square$ One week or more, but less than one month	☐One month or more, but less than 90 days
$\square$ 90 days or more, but less than one year	□One year or longer
□Client doesn't know	□Client prefers not to answer
2a. On the night before did you stay on the stre	eet, Emergency Shelter, or Save Haven?
□Yes (Continue to questions 3-5)	$\square$ No (Continue to Health Insurance)
□Client Doesn't Know	□Client prefers not to answer
3. Approximate date this episode of homeless	
4. Regardless of where they stayed last night, three years including today?	number of times client has been on the streets, ES, or SH in the past
□One time	☐Two times
□Three times	□ Four or more times
□Client doesn't know	□Client prefers not to answer
5. Total number of months homeless on the st	·
□One Month (this time is the first month)	□2-12 months ( months)
☐ More than 12 months	□Client doesn't know
□Client prefers not to answer	
Health Insurance	
□Yes (Select source) □No □Client doesn	n't know □Client prefers not to answer
Health Insurance Sources (Check all that apply)	
□Private Pay Health Insurance	□Medicare
□MEDICAID	☐ Health Net (Medi-Cal)-Adults
☐Health Net (Medi-Cal)-Children	☐ Health Plan of San Joaquin (Medi-Cal)-Adults
☐ Health Plan of San Joaquin (Medi-Cal)-Children	,
□Veteran's Health Administration (VHA)	☐ Employer Provided Health Insurance
☐ Health Insurance obtained through COBRA	☐ State Funded Insurance for Adults (Medi-Cal)
□ Indian Health Services Program (IHS)	□Other:
	vith BHRS, SSI/SSDI staff, PATH O/R staff or other SOAR staff)
□Yes □No □Client doesn't know	□Client prefers not to answer

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Alcohol Use Disorder
□Yes (Answer Questions Below) □No □Client doesn't know □Client prefers not to answer
1. Expected to be for long-continued and indefinite duration and substantially impairs one's ability to live independently?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
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 through assessment and clinical evaluation
□Confirmed by prior evaluation or clinical records (i.e. Cerner)
Chronic Health Condition
□Yes (Answer Questions Below) □No □Client doesn't know □Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently?
□Yes □No □Client doesn't know □Client prefers not to answer
Development Disability
□Yes □No □Client doesn't know □Client prefers not to answer
Drug Use Disorder
□Yes (Answer Questions Below) □No □Client doesn't know □Client prefers not to answer
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 prefers not to answer
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 through assessment and clinical evaluation
□Confirmed by prior evaluation or clinical records (i.e. Cerner)
HIV/AIDS
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Mental Health Disorder
□Yes (Answer Questions Below) □No □Client doesn't know □Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
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 though assessment and clinical evaluation
□Confirmed by prior evaluation or clinical records (i.e. Cerner)
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY (Staff Answer)
□No □Unconfirmed; presumptive or self-report □Confirmed by prior evaluation or clinical records (i.e. Cerner)
□Confirmed through assessment and clinical evaluation
Physical Disability
□Yes (Answer Questions Below) □No □Client doesn't know □Client prefers not to answer
1. Expected to be long-continued and indefinite duration and substantially impairs one's ability to live independently?
□Yes □No □Client doesn't know □Client prefers not to answer

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Domestic Violence Survivor			
Domestic Violence Experience?			
□Yes (Answer questions below) □No □Client doesn't know □Client prefers not to answer			
When experience occurred?			
□Within the past 3 months □ 3 months to 6 months ago (excluding 6 mos exactly)			
□6 months to one year ago (excluding 1 year exactly) □One year ago or more			
□Client doesn't know □Client prefers not to answer			
If yes, are you currently fleeing?			
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer			
Financial Assessment			
Income Sources			
☐Yes (Check all that apply) ☐No ☐Client doesn't know ☐Client prefers not to answer			
□Earned Income (employment wages/cash)			
□Unemployment Insurance			
□Supplemental Security Income (SSI)			
□Social Security Disability Income (SSDI)			
□ Private Disability Insurance			
□Worker's Compensation			
□VA Service-Connect Disability Compensation			
□VA Non-Service-Connected Disability Pension			
□Pension or Retirement income from a job			
□TANF (CalWorks)			
□General Assistance			
□Retirement (Social Security) (SSA)			
□Child Support			
□Alimony			
□Other Income			
Non-Cash Benefits			
□Yes (Check all that apply) □No □Client doesn't know □Client prefers not to answer			
□Special Supplemental Nutrition Program for Women,			
Infants, and Children			
□Food Stamps (CalFresh) SNAP			
□CalWorks Child Care/TANF Child Care Services			
□CalWorks Transportation (TANF)			
□Other CalWorks-Funded Services (TANF)			
□Other			
Date of Contact//			
Current Living Situation: Outreach Contact			
Record the client's current living situation information below			
Living Situation			
□Place not meant for habitation:			
□Car/Truck/Van □RV □Other			
□Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home Shelter (i.e. CHSS,			
Mission, Respite, Rest House)			
□Safe Haven			
□Other (i.e. TH&PH)			
□ Worker unable to determine			

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