HMIS Annual/Update Form PATH

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

Identification-All fields required unless otherwise noted			
	Middle News		
First Name:	Middle Name:		
Last Name:	Suffix:		
Social Security Number (SSN)	Birth Date (DOB)		
Mailing Address and Contact Information (Includes, not I	imited to, service organizations, access centers, emergency shelter,		
transitional housing, client residence)			
Address:			
City, State, Zip Code:			
Email:			
Main Phone:			
Message Phone:			
Date of Engagement (O/R-Intake completed) <u>LEAVE</u>			
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-	/		
Client Became Forelled in DATH (DOD2)			
Client Became Enrolled in PATH (POR3)			
□Yes (Only select when there is a PATH Status Determination Date above)			
□No (Select options below)			
□ Client was found ineligible for PATH (Confirmed so 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)			
Unable to Locate			
	to the PATH program within 90 days of the HMIS Fxit Date		
☐ Select this for Re-Enrollment, ONLY if the client returned to the PATH program within 90 days of the 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:/			
Health Insurance			
□Yes (Select source) □No □Client doesn't know	□Client prefers not to answer		
Health Insurance Sources (Check all that apply)			
□ Private Pay Health Insurance □ Me	edicare		
□MEDICAID □He	alth Net (Medi-Cal)-Adults		
☐ Health Net (Medi-Cal)-Children ☐ He	alth Plan of San Joaquin (Medi-Cal)-Adults		
☐ Health Plan of San Joaquin (Medi-Cal)-Children ☐ Sta	ate Children's Health Insurance (Medi-Cal)		
· · · ·	ployer Provided Health Insurance		
_	ite Funded Insurance for Adults (Medi-Cal)		
□ Indian Health Services Program (IHS) □ Ot			
Connection with SOAR (SSI/SSDI Outreach, Access, & Recovery) Program (Is the client connected with BHRS,			
SSI/SSDI staff, PATH O/R staff or other SOAR staff)			
□Yes □No □Client doesn't know □Client pro	efers not to answer		

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Disabling Condition -If Developmental, HIV or 'Yes' to 'Expected to be' for any of the barriers below then this must be answered 'Yes'		
□Yes □No □Client doesn't know □Client prefers not to answer		
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 does	n'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)			
	ne 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 kr	now □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				
☐ Yes (Check all that apply) ☐ No ☐ Client doesn't k☐ Special Supplemental Nutrition Program for Women,	know □Client prefers not to answer			
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:	□Safe Haven			
□Car/Truck/Van □RV □Other	□Other (i.e. TH&PH)			
□ Emergency Shelter, including hotel or motel paid for with	□Worker unable to determine			
emergency shelter voucher or Host Home Shelter (i.e. CHSS,				
Mission, Respite, Rest House)				

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