

# HMIS Annual/Update Form PATH

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

<b>Identification-All fields required unless otherwise noted</b>	
First Name: _____	Middle Name: _____
Last Name: _____	Suffix: _____
Social Security Number (SSN) _____-_____-_____	Birth Date (DOB) ____/____/____
<b>Mailing Address and Contact Information</b> (Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)	
Address: _____	
City, State, Zip Code: _____	
Email: _____	
Main Phone: _____	
Message Phone: _____	
<b>Date of Engagement</b> (O/R-Intake completed) <b>LEAVE BLANK IF THIS IS A RE-ENROLLMENT</b>	____/____/____
<b>Date of PATH Status Determination (POR 3 Date)</b> (SMI confirmed, client homeless/at risk, client agrees to services and IRP completed/signed) <b>LEAVE BLANK IF THIS IS A RE-ENROLLMENT</b>	____/____/____
<b>Client Became Enrolled in PATH (POR3)</b>	
<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 so 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	
<input type="checkbox"/> <b>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: ____/____/____</b>	
<b>Health Insurance</b>	
<input type="checkbox"/> Yes (Select source) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>Health Insurance Sources</b> (Check all that apply)	
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> MEDICAID <input type="checkbox"/> Health Net (Medi-Cal)-Children <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Indian Health Services Program (IHS)	<input type="checkbox"/> Medicare <input type="checkbox"/> Health Net (Medi-Cal)-Adults <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults <input type="checkbox"/> State Children's Health Insurance (Medi-Cal) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal) <input type="checkbox"/> Other: _____
<b>Connection with SOAR (SSI/SSDI Outreach, Access, &amp; Recovery) Program</b> (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 prefers not to answer	

<b>Disabling Condition</b> -If Developmental, HIV or 'Yes' to 'Expected to be...' for any of the barriers below 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 prefers not to answer
<b>Alcohol Use Disorder</b>
<input type="checkbox"/> Yes ( <i>Answer Questions Below</i> ) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be for 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 prefers not to answer
2. Documentation of disability and severity on file? ( <i>Staff Answer</i> )
<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How confirmed? PATH ONLY ( <i>Staff Answer</i> )
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation
<input type="checkbox"/> Confirmed by prior evaluation or clinical records ( <i>i.e. Cerner</i> )
<b>Chronic Health Condition</b>
<input type="checkbox"/> Yes ( <i>Answer Questions Below</i> ) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be 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 prefers not to answer
<b>Development Disability</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>Drug Use Disorder</b>
<input type="checkbox"/> Yes ( <i>Answer Questions Below</i> ) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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 prefers not to answer
2. Documentation of disability and severity on file? ( <i>Staff Answer</i> )
<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How confirmed? PATH ONLY ( <i>Staff Answer</i> )
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation
<input type="checkbox"/> Confirmed by prior evaluation or clinical records ( <i>i.e. Cerner</i> )
<b>HIV/AIDS</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>Mental Health Disorder</b>
<input type="checkbox"/> Yes ( <i>Answer Questions Below</i> ) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be 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 prefers not to answer
2. Documentation of disability and severity on file? ( <i>Staff Answer</i> )
<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How confirmed? PATH ONLY ( <i>Staff Answer</i> )
<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation
<input type="checkbox"/> Confirmed by prior evaluation or clinical records ( <i>i.e. Cerner</i> )
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY ( <i>Staff Answer</i> )
<input type="checkbox"/> No <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records ( <i>i.e. Cerner</i> )
<input type="checkbox"/> Confirmed through assessment and clinical evaluation
<b>Physical Disability</b>
<input type="checkbox"/> Yes ( <i>Answer Questions Below</i> ) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
1. Expected to be 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 prefers not to answer

