

CLARITY HMIS: HHS-PATH PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

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		Mont	h		Day				•	Year	1		I			
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		N repo									()	Client doesn't know			
o Ap	proxii	mate	or par	tial S	SN rep	orte	d				()	Client prefers not to answer			
											()	Data not collected			
CURRI	ENT	<u>NAM</u>	E [A]]	Clie	ntsj					-		1	N/A			
Last													0			
First													0			
Middl													0			
Suffix	(0			
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			/				/						Age:			
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GENDI			if chile								Ι,	_	Questioning			
		•		u))	Questioning Different Identity (specify):			
	Outhorn the One of Calleton Charles Trans Outhit										Client doesn't know					
	-)							
	New Discours)	Client prefers not to answer							
o No	וום-ווי	ai y									()	Data not collected			
RACE	AND	ETH	NICI	FY (S	Select	all a	nnlin	able) [A]	l Clier	nts1					
					Native				<u> </u>	- 01101)	Native Hawaiian or Pacific Islander			
			n Ame			-, -,	9	, 5. 100)	White			
					or Afr	ican)	Client doesn't know			
			na/e/o								()	Client prefers not to answer			
	•		n or N		Africa	า					()	Data not collected			



VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO VETERAN STATUS

Ye	ar entered military service (year)		
Ye	ear separated from military service (year)		
Th	eater of Operations: World War II		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Korean War		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Vietnam War		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Persian Gulf War (Desert Storr	n)	
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Afghanistan (Operation Endur	ng Freed	
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Iraq (Operation Iraqi Freedom)		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Iraq (Operation New Dawn)		T
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
	eater of Operations: Other peace-keeping operation	s or mili	tary interventions (such as
Le	banon, Panama, Somalia, Bosnia, Kosovo)		I au
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
_	L CAL BANK	0	Data not collected
	anch of the Military	Г	
0	Army	0	Space Force
0	Air Force	0	Client doesn't know
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
0	Coast Guard		



Di	Discharge Status								
0	Honorable	0	Uncharacterized						
0	General under honorable conditions	0	Client doesn't know						
0	Other than honorable conditions (OTH)	0	Client prefers not to answer						
0	Bad Conduct	0	Data not collected						
0	Dishonorable								

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self	0	Head of household – other relation to member
О	Head of household's child	0	Other: non-relation member
О	Head of household's spouse or partner		

ENROLLMENT CoC	only if multiple CoC's]	

CONNECTION WITH SOAR [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults] | O | Place not meant for habitation (e.g., a vehicle | O | Hotel or motel haid for with

Place not meant for habitation (e.g., a vehicle,	0	Hotel or motel paid for without emergency
		shelter voucher
station/airport, or anywhere outside)		
Emergency shelter, including hotel or motel	0	Host Home (non-crisis)
paid for with emergency shelter voucher, or		
Host Home shelter		
Safe Haven	0	Staying or living in a friend's room, apartment,
		or house
Foster care home or foster care group home	0	Staying or living in a family member's room,
		apartment or house
Hospital or other residential non-psychiatric	0	Rental by client, no ongoing housing subsidy
Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
	0	Owned by client, no on-going housing subsidy
Substance abuse treatment facility or detox	0	Client doesn't know
center		
	0	Client prefers not to answer
	0	Data not collected
homeless criteria		
"RENTAL BY CLIENT, WITH ONGOING HOUS	SINC	G SUBSIDY" – SPECIFY:
GPD TIP housing subsidy	0	Emergency Housing Voucher
VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
HCV voucher (tenant or project based) (not	0	Permanent Supportive Housing
dedicated)		
Public Housing Unit	0	Other permanent housing dedicated for
Rental by client, with other ongoing housing		formerly homeless persons
subsidy		
	an abandoned building, bus/train/subway station/airport, or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter Safe Haven 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 Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria "RENTAL BY CLIENT, WITH ONGOING HOUS 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	an abandoned building, bus/train/subway station/airport, or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter Safe Haven 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 Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria "RENTAL BY CLIENT, WITH ONGOING HOUSING 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



LENGTH OF STAY IN PRIOR LIVING SITUATION

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

, and the second		one year			answer
One week or more, but less	0	One year or longer		0	Data not collected
than one month					
				•	1
ENGTH OF STAY LESS THAI	N 7	NIGHTS [TH, PH]			
o No		o Yes			
ENGTH OF STAY LESS THAI	N 90	DAYS [Institutional Ho	usii	ng Situations	s]
o No		○ Yes			
ON THE NIGHT BEFORE – STA	YEC	ON THE STREETS. E	ME	RGENCY S	SHELTER, SAFE HAVE
Head of Household and Adults]					,
o Yes			0	No	
Approximate Date This Episode	of I	Homelessness Started		1 1	1
· · · · · · · · · · · · · · · · · · ·					
Number of <i>times</i> the client has	beeı	n on the streets, ES, or	Sa		
One Time			0		esn't know
Two Times			0		efers not to answer
Three Times			0	Data not	collected
Four or More Times					
Total number of <i>months</i> homele			<u>afe</u>		
One month (this time is the first	st mo	onth)	0		esn't know
2-12 months (specify number)	of m	onths):	0	Client pre	efers not to answer
More than 12 months			0	Data not	collected
VHEN CLIENT WAS ENGAGE	D				
Date of Engagement: [Adults ar	nd H	ead of Household1		1 1	
PATH STATUS [Adults and Hea	ad o	f Householdî			
•					
Date of Status Determination		° /	/		
Client Became Enrolled in PAT	o No				
Client became Enfolied III PAT	○ Yes				
IF "NO" TO ENROLLED IN PATI	H				
		Client was	s fo	und ineligik	ole for PATH

DISABLING CONDITION [All Clients]

Reason Not Enrolled

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

Client was not enrolled for other reason(s)

Unable to locate client



PHYSICAL DISABILITY [All Clients]

o No			0	Client doesn't know				
○ Yes	o Yes							
	0	Data not collected						
IF "YES" TO PHYSICAL DISABILITY - SPECIF	Υ							
Expected to be of long-continued and indefinite o No				Client doesn't know				
duration and substantially impairs ability to live	0	Client prefers not to answer						
independently?	0	Data not collected						

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
	0	Data not collected		
IF "YES" TO CHRONIC HEALTH CONDITION -	- SF	PECIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

HIV-AIDS [All Clients]

	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
Ī			0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

○ No			0	Client doesn't know
o Yes			0	Client prefers not to answer
				Data not collected
IF "YES" TO MENTAL HEALTH DISORDER -				
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know	
0	Alcohol use disorder				Client prefers not to answer	
	= : ag acc a:cc: ac:			0	Data not collected	
0	Both alcohol and drug use disorders					
IF	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE					
DI	SORDERS" – SPECIFY					
Ex	spected to be of long-continued and indefinite	0	No	0	Client doesn't know	
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer	
ind	dependently?			0	Data not collected	



SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

	<u>.</u>						
0	No			0	Client doesn't know		
0	Yes			0	Client prefers not to answer		
					Data not collected		
IF	"YES" TO SURVIVOR OF DOMESTIC VIOLE	ENC	E - SPEC	IFY	WHEN EXPERIENCE OCCURRED		
0	Within the past three months			0	Client doesn't know		
0	Three to six months ago (excluding six months exactly)			0	Client prefers not to answer		
0	Six months to one year ago (excluding one year	ear	exactly)	0	Data not collected		
0	One year ago or more						
	0			0	Client doesn't know		
Ar	e you currently fleeing?	0	Yes	0	Client prefers not to answer		
		0	Data not collected				

INCOME FROM ANY SOURCE [Head of Household and Adults]

	OME FROM ANY SOURCE [H	044 01 110	4001	<u> </u>					
0			0	Client doesn't know					
0	Yes		0	Client prefers not to answer					
			0	Data not collected					
IF	"YES" TO INCOME FROM ANY	SOURCE -	· IND	ICATE ALL SOURCES THAT APPLY					
In	Income Source Amount			ome Source	Amount				
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)					
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job					
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support					
0	Private Disability Insurance		0	Other income source (specify):					
0	Worker's Compensation								

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
IF	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY						
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services				
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services				
0	Other (specify):	0	Other TANF-funded services				



COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH INSU			RANCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

Signature of applicant stating all information is true and correct

Date