

Identifying Information

*Last Name: _____ *DOB: _____ *Status Date: _____

*First Name: _____ *SSN (last 4 digits): _____ *Project: _____

HUD PATH***Connection with SOAR**

- Yes
- No
- Client doesn't know
- Client prefers not to answer

Date of Status Determination**Client Became Enrolled in PATH**

- _____
- Yes No**

****Reason Not Enrolled**

- Client was found ineligible for PATH
- Client was not enrolled for other reasons
- Unable to locate client

Disabling Conditions*Long Term defined: expected to be of long-continued and indefinite duration and impairs their ability to live independently*Physical Disability:

- Yes**
- No

- Client doesn't know
- Client prefers not to answer

****If yes, long term?**

- Yes
- No

Developmental Disability

- Yes
- No

- Client doesn't know
- Client prefers not to answer

Chronic Health Condition

- Yes**
- No

- Client doesn't know
- Client prefers not to answer

****If yes, long term?**

- Yes
- No

HIV - AIDS

- Yes
- No

- Client doesn't know
- Client prefers not to answer

Mental Health Disorder

- Yes**
- No

- Client doesn't know
- Client prefers not to answer

****If yes, long term?**

- Yes
- No

Substance Use Disorder

- Alcohol use** Both **
- Drug use** Neither

- Client doesn't know
- Client prefers not to answer

****If yes, long term?**

- Yes
- No

Domestic Violence Survivor

- Yes**
- No

- Client prefers not to answer
- Client doesn't know

****When DV experience occurred:**

- Less than 3 months
- 3 months - less than 6 months
- 6 months - less than a year
- 1 year or more
- Client doesn't know
- Client prefers not to answer

Currently Fleeing DV

- Yes**
- No

- Client prefers not to answer
- Client doesn't know

HUD Financial Assessment

Income From Any Source? Yes** No Client doesn't know Client prefers not to answer
**If yes, select all that apply, and enter the amount earned per MONTH.

- | | |
|---|---|
| <input type="checkbox"/> \$_____ Unemployment | <input type="checkbox"/> \$_____ TANF |
| <input type="checkbox"/> \$_____ Earned Income (employment) | <input type="checkbox"/> \$_____ General Assistance |
| <input type="checkbox"/> \$_____ SSI | <input type="checkbox"/> \$_____ Retirement Income from Social Security |
| <input type="checkbox"/> \$_____ SSDI | <input type="checkbox"/> \$_____ Pension/Retirement from a former job |
| <input type="checkbox"/> \$_____ VA Service Connected Disability Compensation | <input type="checkbox"/> \$_____ Child Support |
| <input type="checkbox"/> \$_____ VA non-service Connected Disability Comp. | <input type="checkbox"/> \$_____ Alimony/Spousal support |
| <input type="checkbox"/> \$_____ Private Disability Insurance | <input type="checkbox"/> \$_____ Other income source_____ |
| <input type="checkbox"/> \$_____ Worker's Compensation | |

Receiving Non-Cash Benefits? Yes** No Client doesn't know Client prefers not to answer

If yes, select all that apply:

<input type="checkbox"/> SNAP	<input type="checkbox"/> TANF Childcare	<input type="checkbox"/> Other TANF Services
<input type="checkbox"/> WIC	<input type="checkbox"/> TANF Transportation	<input type="checkbox"/> Other non-cash benefit source_____

Covered by Health Insurance? Yes** No Client doesn't know Client prefers not to answer

If yes, select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Health Insurance Obtained Through COBRA |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other Health Insurance_____ |

Current Living Situation *(required for street outreach programs)*

*Location details: _____

Homeless Situation: *If a selection is made from this area, SKIP to the end*

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter
- Place not meant for habitation
- Safe Haven

Transitional Housing Situation

- Other:
- Client doesn't know
 - Client prefers not to answer
 - Worker unable to determine
 - Transitional housing for homeless persons (including homeless youth)
 - Residential project or halfway house with no homeless criteria
 - Hotel or Motel paid for **without** emergency shelter voucher
 - Host Home (non-crisis)
 - Staying or living in a friend's room, apartment, or house,
 - Staying or living in a family member's room, apartment or house

Permanent Housing Situation

- Rental by client, **no** ongoing housing subsidy
- Rental by client, **with** ongoing housing subsidy**
- Owned by client, **no** ongoing housing subsidy
- Owned by client, **with** ongoing housing subsidy

**Rental 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
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Is client going to have to leave their current living situation within 14 days?

- Yes No Client doesn't know Client prefers not to answer

If yes, answer remaining questions. If no, skip to end

Has a subsequent residence been identified?

- Yes No Client doesn't know Client prefers not to answer

Does individual or family have resources or support networks to obtain other permanent housing?

- Yes No Client doesn't know Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- Yes No Client doesn't know Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

- Yes No Client doesn't know Client prefers not to answer

Referrals

To enter referrals, complete the workflow and then follow this navigation path:

Case Management → PATH → Referrals

*Referrals

Referral Date

Community Mental Health	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Educational Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Employment Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Housing Placement Assistance I	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Income Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Job Training	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Medical Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Primary Health Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Relevant Housing Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Substance Use Treatment	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained