Housing & Homeless Coalition
Of Central New York

www.hhccny.org
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315-428-2216

PATH Entry Assessment for SSO (complete this form for ALL adults)

Client Name: _____
Project Start Date: _____ **ROI Signed?** Yes ____ No ____
SS#: _ _ _ - _ _ - _ _ _ _ **DOB**___/___/_____ **Veteran?** Yes ____ No_____

Race: ____ American Indian/ Alaska Native
____ Asian
____ Black/ African American
____ Native Hawaiian/ Pacific Islander
____ White

Ethnicity: ____ Hispanic/ Latino
____ Non-Hispanic/ Latino

Gender: ____ Female
____ Male
____ Trans Female (MTF or Male to Female)
____ Trans Male (FTM or Female to Male)
____ Gender Non-conforming (ie: not exclusively male or female)

Relationship to Head of Household:
____ Self (Head of Household)
____ Head of Household's Child
____ Head of Household's Spouse/ Partner
____ Head of Household's Other Relative
____ Other: Non-Relative

Residence Prior to Project Entry (Where did you sleep last night?)
Homeless Situation: (If client was homeless, skip to the next page and answer "Homeless Situation Questions")
____ Place not meant for human habitation
____ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
____ Safe Haven
____ Interim Housing

Institutional Situation:
____ Foster care home/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/detox center
Did you stay less than 90 days? Yes ____ No_____
If yes, prior to Institutional Stay were you living on the streets or in a shelter? Yes ____ No_____
(If yes, answer the Homeless Situation Questions)

Transitional and Permanent Housing Situation: (Do not answer Homeless Situation Questions)
____ Hotel or motel paid without emergency voucher
____ Owned by client, no on-going housing subsidy
____ Owned by client, with on-going housing subsidy
____ Permanent housing (other than RRH) for formerly homeless persons
____ Rental by client, no ongoing housing subsidy
____ Rental by client, with VASH Subsidy
____ Rental by client, with GPD TIP subsidy
____ Rental by client, with other ongoing housing subsidy
____ Residential project or halfway house with no homeless criteria
____ Staying in family member's room/apartment/house
____ Staying in friend's room/apartment/house
____ Transitional housing for homeless persons (including homeless youth)

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Homeless Situation Questions: *(Only answer if prior living situation was a Homeless Situation)*

Length of Stay in Previous Place:

____ One day or less ____ Two days to one week ____ More than one week, less than one month
____ One to three months ____ More than three months, less than one year ____ One year or longer

Approximate Date Homelessness Started: ____/____/_____
# of times (episodes) on streets or in ES in 3 years: ___1 ___2 ___3 ___4 or more
Total number of months homeless on the street, in ES in the past 3 years: _____ Months

Homeless/Hsng At Risk Reason (select up to 2):

____ Conflict in the household ____ Conflict w/ guardian
____ Criminal activity ____ Domestic Violence ____ Eviction
____ Health/ Safety ____ Lack of sufficient Housing ____ Loss of Child Care
____Loss of Job ____ Loss of Public Assistance ____ Loss of Transportation
____ Medical Condition ____Mental Health ____ Mortgage Foreclosure
____ Mutual Agreement (Respite) ____ No Affordable Housing ____ Release from Institution
____ Substance Abuse ____ Utility Shut Off ____ Substandard Housing
____ Underemployment/ Low Income

Income:

Do you have income? ____Yes ____ No **Total Monthly Income** $_____

Income Source and amount:

_____ Alimony/ Spousal Support _____ Child Support
_____ Earned Income _____ General Assistance
_____ Pension or retirement income from another job
_____ Private Disability Insurance _____ Retirement Income from Social Security
_____ Social Security Disability Income (SSDI) _____ Social Security Income (SSI)
_____ Temporary Assist for Needy Families TANF _____ Unemployment Insurance
_____ VA Non-Service-Connected Disability Pension _____ VA Service-Connected Disability Compensation
_____ Worker's Compensation

Non-Cash Benefits:

Do you have Non-Cash Benefits? ____Yes ____ No **Monthly Amount** $_____

Source of Non-Case Benefits:

_____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
_____ Special supplemental Nutrition Program for (WIC) (HUD)
_____ TANF Child Care Services (HUD)
_____ TANF Transportation Services (HUD)
_____ Other TANF-Funded Services (HUD); If "Other" Specify: _____

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Medical Insurance:

Do you have Health Insurance/ Medical Assistance? ____Yes ____ No

Source of Health Insurance/ Medical Assistance:

_____ Medicaid _____ Medicare
_____ State Children's Health Insurance Program _____ Veteran's Administration (VA) Medical Services
_____ Employer – Provided Health Insurance _____ Health Insurance obtained through COBRA
_____ State Health Insurance for Adults
_____ Indian Health Care _____ Other

Medicaid ID# _____

Medicaid Insurance Company: ____ Total Care ____ Blue Cross Blue Shield ____ Fidelis
____ United Healthcare ____ Molina Healthcare

Disabling Condition:

Do you have a DISABILITY of long duration? ____Yes ____ No
If yes, do you have determination of Disability? ____Yes ____ No
If yes, are you currently receiving treatment for Disability? ____Yes ____ No

Disability Type:

____ Alcohol Abuse ONLY ____ BOTH Alcohol & Drug Abuse ____ Drug Abuse ONLY
____ Chronic Health Condition ____ Developmental ____ HIV/AIDS
____ Mental Health ____ Physical Health

Are you a Victim/ Survivor of Domestic Violence? ____Yes ____ No

If yes, when did it last occur: ____ Within the past 3 months ____ 3 to 6 months ____ 6 to 12 months
____ More than 12 months ____ Refused

Are you currently fleeing? ____Yes ____ No

Date of Engagement: ___/___/___ (Complete upon client entering Service Plan development or fully completed initial assessment)

Date of PATH Status Determination: ___/___/_____

Client Became Enrolled in PATH: ____Yes ____ No
If no, reason not enrolled: _____ Client found ineligible for PATH ____ Client was not enrolled for other reason(s)
Connection to SOAR: ____Yes ____ No