



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

Client Name: _____

Project Start Date: _____

SS#: ____-____-____ **DOB** ____/____/____

ROI Signed? Yes ____ No ____

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

Primary Language: ____ Arabic ____ Armenian ____ Bangali ____ Cantonese ____ Chinese ____ English
____ French ____ French Creole ____ German ____ Greek ____ Gujarati ____ Haitian Creole ____ Hebrew
____ Hindi ____ Hmong ____ Italian ____ Japanese ____ Korean ____ Mandarin ____ Panjabi ____ Persian
____ Polish ____ Portuguese ____ Russian ____ Spanish ____ Tagalog ____ Telugu ____ Urdu
____ Vietnamese ____ Yiddish

Housing Move In Date: ____/____/____ (Complete if moving into PERMANENT HOUSING)

Zip Code of Last Permanent Address: _____

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)



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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)

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/Housing 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-Cash 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: _____

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



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Legal Status:

Are you on Parole: ___ Yes ___ No If yes, Parole Officer: _____
Phone Number: _____ - _____ - _____

If you left the program today, where would you go?

- ___ Place not meant for human habitation
- ___ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ___ 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
- ___ 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, temporary tenure
- ___ Staying in family member's room/apartment/house, permanent tenure
- ___ Staying in friend's room/apartment/house, temporary tenure
- ___ Staying in friend's room/apartment/house, permanent tenure
- ___ Transitional housing for homeless persons (including homeless youth)

Personal Phone Number: _____ - _____ - _____