



www.hhccny.org  
housingandhomelesscoalition@gmail.com  
@hhcofcny facebook.com/hhccny  
315-428-2216

## PATH Entry Assessment for SSO

*Answer the following questions for ALL Adults and HoH*

Client Name: \_\_\_\_\_

HMIS Client ID#: \_\_\_\_\_

(optional)

Exit Date: \_\_\_\_\_

### Reason for Leaving:

- Completed Program
- Criminal Activity/Violence
- Death
- Disagreement with Rules
- Does not meet criteria for program
- Goal Achieved
- Goal Not Achieved
- Left for housing opportunity before completing program
- Needs could not be met
- Non-compliance
- Non payment of rent
- Reached maximum time allowed
- Unknown/ Disappeared
- Other: \_\_\_\_\_

### Destination:

#### -----Homeless Situations -----

- Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter
- Place not meant for human habitation
- Save Haven

#### ----- Institutional Situations -----

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric facility
- Jail, prison, or juvenile detention
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance Abuse treatment facility or detox center

#### ----- Temporary and Permanent Housing Situations -----

- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- No exit interview completed
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Hotel/ Motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Residential or halfway house with no homeless criteria
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH subsidy



www.hhccny.org  
 housingandhomelesscoalition@gmail.com  
 @hhcofcny facebook.com/hhccny  
 315-428-2216

- Rental by client with RRH or equivalent subsidy
- Rental by client with Housing Choice Voucher (HCV) (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living with friends, temporary tenure (e.g. room, apartment or house)
- Staying or living with friends, permanent tenure
- Staying or living with family, temporary tenure (e.g. room, apartment or house)
- Staying or living with family, permanent tenure (e.g. room, apartment or house)
- Transitional Housing for Homeless persons (including homeless youth)

----- Other Destination -----

- Other: \_\_\_\_\_
- Client Doesn't Know
- Client Refused
- Data Not Collected
- Deceased

**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

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

**Disability Type:**

- Yes  LCI Alcohol Use Disorder  Yes  LCI BOTH Alcohol & Drug Use Disorder  Yes  LCI Drug Use Disorder
- Yes  LCI Chronic Health Condition  Yes  LCI Developmental  HIV/AIDS
- Yes  LCI Mental Health Disorder  Yes  LCI Physical Health

**Client Location:**  NY-505 (Onondaga/ Cayuga/ Oswego counties)

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

**Income:**

**Do you have income?**  Yes  No **Total Monthly Income \$** \_\_\_\_\_

Income Source and amount: (please note the monthly amount for each source below)



www.hhccny.org  
housingandhomelesscoalition@gmail.com  
@hhcofcny facebook.com/hhccny  
315-428-2216

- |  |   |
|--|---|
| <input type="checkbox"/> Alimony/ Spousal Support                      | <input type="checkbox"/> Child Support                                |
| <input type="checkbox"/> Earned Income                                 | <input type="checkbox"/> General Assistance                           |
| <input type="checkbox"/> Pension or retirement income from another job |   |
| <input type="checkbox"/> Private Disability Insurance                  | <input type="checkbox"/> Retirement Income from Social Security       |
| <input type="checkbox"/> Social Security Disability Income (SSDI)      | <input type="checkbox"/> Social Security Income (SSI)                 |
| <input type="checkbox"/> Temporary Assist for Needy Families TANF      | <input type="checkbox"/> Unemployment Insurance                       |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension   | <input type="checkbox"/> VA Service-Connected Disability Compensation |
| <input type="checkbox"/> 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: \_\_\_\_\_

**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

**Current Living Situation: (Street Outreach ONLY)**

Start Date: \_\_\_/\_\_\_/\_\_\_

End Date: \_\_\_/\_\_\_/\_\_\_

Information Date: \_\_\_/\_\_\_/\_\_\_

Current Living Situation:

Homeless Situation (chose only one):

- 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

Transitional and Permanent Housing Situation:

- Hotel or motel paid without emergency voucher  
 Owned by client, no on-going housing subsidy  
 Owned by client, with on-going housing subsidy



www.hhccny.org  
housingandhomelesscoalition@gmail.com  
@hhcofcny facebook.com/hhccny  
315-428-2216

- 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)

Other:

- Other: Specify \_\_\_\_\_
- Worker Unable to Determine

Living Situation verified by: (Agency/ Program Name): \_\_\_\_\_

Is Client Going to have to leave their current living situation within 14 days?  Yes  No

If "Yes" to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions:

Has a subsequent residence been identified?  Yes  No

Does individual or family have resources or support networks to obtain other permanent housing?  
 Yes  No

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?  
 Yes  No

Has the client moved 2 or more times in the last 60 days?  Yes  No

Location details:

---

**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

**Personal Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_