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
____ 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)
____ Alimony/ Spousal Support
____ Earned Income
____ Pension or retirement income from another job
____ Private Disability Insurance
____ Social Security Disability Income (SSDI)
____ Temporary Assist for Needy Families TANF
____ VA Non-Service-Connected Disability Pension
____ Worker’s Compensation

____ Child Support
____ General Assistance
____ Retirement Income from Social Security
____ Social Security Income (SSI)
____ Unemployment Insurance
____ VA Service-Connected Disability 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
____ 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:  ______ - ______ - ___________