Housing & Homeless Coalition
Of Central New York

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housingandhomelesscoalition@gmail.com
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315-428-2216

PATH Entry Assessment for SSO

Answer the following questions for ALL Adults and HoH

Client Name: _____
Date of Update: _____

The following questions should be asked and updated for every new entry into housing:

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 _____ 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:

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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: _____

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

<u>Current Living Situation: (Street Outreach ONLY)</u>

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)

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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: _____ - _____ - _____