

HMIS Intake Form for PATH projects

Effective 10/01/2021

Intake Date

			/				/			
--	--	--	---	--	--	--	---	--	--	--

Entry Date

			/				/			
--	--	--	---	--	--	--	---	--	--	--

ServicePoint
(HoH) ID:

--	--	--	--	--	--	--	--

Project Name

--

HoH First Name

Middle

--	--

Last

Suffix

Alias

--	--	--

☐ Full Name Reported

☐ Partial, Street or Code Name

☐ Client doesn't know

☐ Client Refused

Social Security
Number:

--	--	--	--	--	--	--	--	--	--

☐ Full SSN reported

☐ Approx or Partial SSN

☐ Client doesn't know

☐ Client refused

Date of Birth:

			/				/			
--	--	--	---	--	--	--	---	--	--	--

☐ Full DOB
reported

☐ Approx or Partial DOB

☐ Client doesn't
know

☐ Client refused

Race (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Asian or Asian American

☐ White

☐ Client doesn't know

☐ Client refused

Gender

☐ Female

☐ Male

☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

☐ Transgender

☐ Questioning

☐ Client doesn't know

☐ Client refused

Ethnicity

☐ Non-Hispanic/Non-Latino(a)(o)(x)

☐ Hispanic/Latino(a)(o)(x)

☐ Client doesn't know

☐ Client refused

Veteran Status

☐ No

☐ Yes

Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ HoH's child

☐ HoH's spouse or partner

☐ HoH's other
relation member

☐ Other: non-relation
member

HMIS Intake Form for PATH projects

Effective 10/01/2021

Health Insurance	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes (identify source below)	<input type="checkbox"/> Client
Source	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Other: _____

Disability						
Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?						
<input type="checkbox"/> No <input type="checkbox"/> Yes (indicate type(s) below) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused						
	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____ . 00
<input type="checkbox"/> Unemployment Insurance	\$ _____ . 00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ . 00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ . 00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ . 00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____ . 00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____ . 00
<input type="checkbox"/> Worker's Compensation	\$ _____ . 00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____ . 00
<input type="checkbox"/> General Assistance (GA)	\$ _____ . 00
<input type="checkbox"/> Private disability Insurance	\$ _____ . 00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____ . 00
<input type="checkbox"/> Child Support	\$ _____ . 00
<input type="checkbox"/> Alimony or other spousal support	\$ _____ . 00
<input type="checkbox"/> Other source: _____	\$ _____ . 00
Total Monthly Income: \$	

HMIS Intake Form for PATH projects

Effective 10/01/2021

Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other: _____	

Client's Current Living Situation – current to project entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Start Date <div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div></div> <div></div> </div>	End Date <div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div></div> <div></div> </div>	Information Date <div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div></div> <div></div> </div>	
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Is client going to have to leave their current living situation within 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, answer the following questions.		
Has a subsequent residence been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does individual or family have resources or support networks to obtain other permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client moved 2 or more times in the past 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

HMIS Intake Form for PATH projects

Effective 10/01/2021

Client's Prior Living Situation - Prior to Project Entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the institutional situation less than 90 days? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	Length of Stay in Prior Living Situation (i.e. the housing situation identified above) <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> N/A (Complete SECTION IV Below)	On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

HMIS Intake Form for PATH projects

Effective 10/01/2021

On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes	Approximate start of homelessness: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____										

Domestic Violence	
Are you, or have you been a survivor of domestic or intimate partner violence? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
If YES, how long ago did you have this experience? <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 1 year ago or more <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 6 months to 1 year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
If Yes, are you currently fleeing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	

In the last 2 years, have you lived anywhere other than this county/community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Where did you move from?	<input type="checkbox"/> A different Kentucky County <input type="checkbox"/> Another part of the US <input type="checkbox"/> Other
If a different Kentucky County, please specify:	
If Another part of the US, please specify state:	
If other location, please specify:	
Did you have housing when you came to this county/community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
What is the primary reason you came to this county/community?	<input type="checkbox"/> Access to service and resources <input type="checkbox"/> Fleeing an abusive situation <input type="checkbox"/> Job Opportunities <input type="checkbox"/> Other <input type="checkbox"/> Client refused

Date of Engagement – Street Outreach Only

--	--	--	--	--	--	--	--	--	--

HMIS Intake Form for PATH projects

Effective 10/01/2021

PATH Project: Status

Date of determination

		/			/		
--	--	---	--	--	---	--	--

Client became enrolled in PATH?

☐ No

☐ Yes

If NO, reason?

☐ Found ineligible for PATH

☐ Not enrolled for other reasons

PATH Project: SOAR Connection

Connection with SOAR

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

Staff Completing (Printed Name):

Date:

--	--