

# HHS PATH Update 2020

Please complete one sheet for each person served, whether they are an individual or a family member

**Project Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Project Name:** \_\_\_\_\_

**ServicePointClient ID** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Income from any source?**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

**Monthly Income**

Receiving Income	Source of Income <i>(Check all that apply)</i>	Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected Disability Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Disability Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Income From Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement Income from Another Job	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony or Other Spousal Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify Source _____	\$
	<b>Total Monthly Income</b>	<b>\$</b>

**Non-Cash Benefit from any source?**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

**Non-Cash Benefits**

Receiving Benefit	Source of Non-Cash Benefit <i>(Check all that apply)</i>	Benefit Amount <i>(when applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Transportation services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other TANF-funded services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Source – Specify Source _____	\$

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Covered by Health Insurance?  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

## Health Insurance

Covered	Health Insurance Type <i>(Check all that apply)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAID
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Children's Health Insurance Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer-Provided Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance obtained through COBRA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pay Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Health Insurance for Adults
<input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify: _____

## Health, Substance Abuse, and Disabilities

Disability Type	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
<b>Physical</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Developmental</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<b>Not Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Chronic Health Condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>HIV/AIDS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<b>Not Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Mental Health Problem</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Alcohol Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Drug Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Both Alcohol and Drug Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

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**Domestic violence victim/survivor?**  Yes  Client Refused  
 No  Data Not Collected  
 Client Doesn't Know

**If yes, how long ago?**  Within the past three months  More than a year ago  
 Three to six months ago  Client Doesn't know  
 From six to twelve months ago  Client Refused

**If yes, are you currently fleeing?**  Yes  Client Refused  
 No  Data Not Collected  
 Client Doesn't Know

## Current Living Situation

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

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

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

## Current Living Situation:

### -HOMELESS SITUATIONS-

- Place Not Meant for Habitation
- Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- Safe Haven

### -OTHER-

- Other
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Date of Engagement:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of PATH Status Determination:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Became Enrolled in PATH:**  Yes  No

**If no, reason not enrolled:**  Client was found ineligible for PATH  
 Client was not enrolled for other reason(s)  
 Unable to locate Client

**Connection with SOAR:**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected