

NC HMIS PATH Intake for Services Only

**** ANSWER ALL QUESTIONS EXCEPT WHERE NOTED ****

Date of First Service _____

Client ID Number _____

First Name _____

Alias/Street Name (Optional) _____

Middle Name _____

Name Data Quality

- Full name reported
- Partial, street name, or code name reported
- Client doesn't know
- Client refused
- Data not collected

Veteran *Note: Enter "No" for any client under 18

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data not collected

PATH Staff _____

Last Name _____

Suffix _____

SS# _____

SSN Data Quality

- Full SSN Reported
- Approximate or partial SSN Reported
- Client doesn't know
- Client refused
- Data not collected

Date of Birth (DOB) _____ (mm/dd/yyyy)

DOB Data Quality

- Approximate or Partial DOB Reported
- Full DOB Reported
- Client Doesn't Know
- Client Refused
- Data not collected

Primary Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

Secondary Race (if needed)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

Relationship to Head of Household *Note: If only one person, select Self

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

Gender

- Female
- Male
- Trans Female (MTF or Male to Female)
- Trans Male (FTM or Female to Male)
- Gender Non-Conforming (i.e. not exclusively male or female)
- Client doesn't know
- Client refused
- Data not collected

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Client doesn't know
- Client refused
- Data not collected

Client Location

(CoC Code/Name) _____

NC County of Service _____

County of Residence _____

City of Residence _____

Zip Code Last Permanent Address _____

Health and Disability Information

Does the client have a disabling condition? Yes No Client doesn't know Client refused Data not collected
 (If Yes, select all applicable conditions below)

Disability Sub-Assessment

Disability Type	Disability Determination					If Yes, to be of long-continued and indefinite duration and substantially impairs ability to live independently?				
	Yes	No	Client doesn't know	Client Refused	Data not collected	Yes	No	Client doesn't know	Client Refused	Data not collected
Physical										
Developmental										
Chronic Health Condition										
HIV/AIDS										
Mental Health Problem										
Alcohol Abuse										
Drug Abuse										
Both Alcohol & Drug Abuse										

Health Insurance Information

Currently covered by health insurance?

Yes
 No
 Client doesn't know
 Client refused
 Data not collected
 (If Yes, select all insurance types you are covered by below)

Health Insurance Sub-Assessment

Insurance Type	Yes	No	If No, Reason						
			Applied, decision pending	Applied, client not eligible	Client did not apply	Insurance type N/A for this client	Client doesn't know	Client refused	Data not collected
MEDICAID									
MEDICARE									
State Children's Health Insurance Program									
Veteran Administration (VA) Medical Services									
Indian Health Services Program									
Employer Provided Health Insurance									
Health Insurance Obtained Through COBRA									
Private Pay Health Insurance									
State Health Insurance for Adults									
Other (if Yes, specify below)									

Other Insurance _____

HOMELESS HISTORY INTERVIEW

Answer the following questions for Head of Household and Adults

Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months. Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.

Describe the client's living situation (immediately) 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	Don't Know/ Refused
SECTION I	<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"/> Interim Housing (e.g. client applied for permanent housing and a unit/voucher has been reserved but client is not able to move in immediately).	<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"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy, (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Answer the following questions for all Household Members (Unless Otherwise Specified)

Housing Status

- Category 1 - Homeless
- Category 2 – At imminent risk of losing housing
- Category 3 – Homeless only under other federal statuses
- Category 4 – Fleeing domestic violence
- At-risk of homelessness
- Stably Housed
- Client doesn't know
- Client refused

Income and Non-Cash Benefit Information

Total Monthly Income \$ _____

Currently receiving income from any source? Yes No Client doesn't know Client refused Data not collected
 (If Yes, select all income types you receive and amount(s) below)

X	Source of Income (Monthly)	Amount from Source
	Alimony or Other Spousal Support	\$.00
	Child Support	\$.00
	Earned Income (<i>Employment</i>)	\$.00
	General Assistance (GA)	\$.00
	Pension or Retirement Income from a Former Job	\$.00
	Private Disability Insurance	\$.00
	Retirement Income from Social Security	\$.00
	SSDI (<i>Social Security Disability Insurance</i>)	\$.00
	SSI (<i>Supplemental Security Income</i>)	\$.00
	TANF (<i>Temporary Assistance for Needy Families or FIP</i>) grant)	\$.00
	Unemployment Insurance	\$.00
	VA Service-Connected Disability Compensation	\$.00
	VA Non-Service-Connected Disability Pension	\$.00
	Workers Compensation	\$.00
	Other (<i>Please Specify</i>) _____	\$.00
	No Financial Resources	\$.00
	Total Monthly Income Reported	\$.00

Currently receiving any non-cash benefits? Yes No Client doesn't know Client refused Data not collected
 (If Yes, select all non-cash benefit types you receive and amount(s) below)

NON-CASH BENEFIT sub-assessment

X	Source of Non-Cash Benefit (Monthly)	Amount (if applicable)
	Supplemental Nutrition Assistance Program (<i>Food Stamps</i>)	\$.00
	Special Supplemental Nutrition Program for WIC	\$.00
	TANF Child Care Services	\$.00
	TANF Transportation Services	\$.00
	Other TANF Funded-Services	\$.00
	Other (<i>Please Specify</i>) _____	\$.00

Employment Information

Employed? Yes No Don't Know Refused Data not collected Employment Income Amount: \$ _____

If Yes for Employed, Type of Employment

- Full-time
- Part-time
- Seasonal / sporadic (including day labor)

If No for Employed, Why Not Employed

- Looking for work
- Unable to work
- No looking for work

Education Summary

Highest Level of Education Attained

- Less than 5th grade
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12 / High School Diploma
- School program does not have grade levels
- GED
- Some college
- Associate's degree
- Bachelor's degree
- Vocational certification
- Client doesn't know
- Client refused
- Data not collected

Has Client Lived in an Adult Care Home in 2012? No Yes Client doesn't know Client refused Data not collected

(If Yes) **Adult Care Home Client Lived In Most Recently:** _____

Contact – (document all contacts; required 2 contacts to open record)

Date of Contact	Staying on Streets, ES, or SH?		
	No	Yes	Worker Unable to determine

Date of Engagement: _____ Date of PATH Status Determination: _____

Client Became Enrolled in PATH? No Yes

Describe factors used to determine PATH eligibility: serious mental illness or co-occurring; severity of symptoms; literally homeless.

If No, Reason Not Enrolled:

- Client was found ineligible for PATH
- Other reason (describe below)

Connection with SOAR

- No
- Yes
- Client doesn't know
- Client refused
- Data not collected