



### HHS PATH Intake Assessment

This form is to be used in assisting HMIS users of PATH projects to record client-level, program-specific data elements for input into ServicePoint. This form follows the ServicePoint workflow for ease of input. All information on this assessment is required to be completed and entered in ServicePoint within 2 days of collection. A client-signed Consent to Share determining the information to be shared within HMIS **must** accompany this assessment prior to data entry.

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

**Client Name:** \_\_\_\_\_ **Bed (ES):** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **SSN Data Quality:**

Full SSN reported  Client doesn't know

Approximate or partial SSN reported  Client refused

Data not collected

**Date of Birth:** \_\_\_\_\_ **Date of Birth Type:**

Full DOB reported  Client doesn't know

Approximate or partial DOB reported  Client refused

**Primary Race:**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Client doesn't know

Client refused

Data not collected

**Secondary Race (Optional):**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Client doesn't know

Client refused

Data not collected

**Ethnicity:**

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

Non-Hispanic/Non-Latino

**Gender:**

Female  Trans male to female  Client doesn't know

Male  Gender Non-Conforming (i.e., not exclusively male or female)  Client refused

Trans female to male  Data not collected

**U.S. Military Veteran?**  Yes  No  Client doesn't know  Client refused  Data not collected

**Zip Code of Last Permanent Address** (Where client spent >= 90 days, had mail in his/her name, etc.) \_\_\_\_\_



**CONSENT TO SHARE CONFIDENTIAL INFORMATION**

Client Name: _____	Start Date: _____
	End Date: _____

I request and authorize: \_\_\_\_\_ at  
*Staff Person(s)*

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

to disclose confidential information to HMIS-ERIE, the homeless database that supports the Erie, PA Continuum of Care PA-605, administered by Erie County Department of Human Services at:

HMIS Administrator  
Erie County Department of Human Services MH/ID  
154 West 9th Street  
Erie, PA 16501

This request and authorization applies to:

- Client demographics and program entry/exit information
- Program-specific information for services and referrals only, and/or: \_\_\_\_\_

- Yes  No I expressly release the above-named staff person(s) and Agency from all liability arising from compliance with this request and disclosure of the requested information to HMIS-ERIE.
- Yes  No I understand my rights regarding personally identifying information as explained by the above-named staff person(s) and outlined in the HMIS-ERIE Consumer Privacy Policy.
- Yes  No I authorize the release of my information, such as personal demographics, income, health, and disabilities (including drug, alcohol, and/or mental health diagnosis) to be shared with other HMIS-ERIE providers to determine program eligibility, send referrals and coordinate services.
- Yes  No I authorize my demographics information only to be shared with other HMIS-ERIE providers to determine program eligibility and to maintain data integrity within HMIS-ERIE.

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES ONE (1) YEAR AFTER IT IS SIGNED.



Project Entry

Does the client have a disabling condition?  Yes  No  Client doesn't know  Client refused  Data not collected

Relationship to Head of Household:  Self (head of household)  Head of household's other relation member  Head of household's child  Other: non-relation member  Head of household's spouse or partner  Data not collected

Residence Prior to Project Entry: HOMELESS SITUATIONS

- Place not meant for habitation
Emergency shelter, including hotel or motel paid for with emergency shelter voucher
Safe Haven
Interim Housing (for PH placement of CH only)

INSTITUTIONAL SITUATIONS

- Foster care home or 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 or detox center

TRANSITIONAL & PERMANENT HOUSING SITUATIONS

- Hotel or motel paid for without emergency shelter voucher
Owned by client, no ongoing housing subsidy
Owned by client, with ongoing 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 (including RRH)
Residential project or halfway house with no homeless criteria
Staying or living in a family member's room, apartment or house
Staying or living in a friend's room, apartment or house
Transitional housing for homeless persons (including homeless youth)

OTHER SITUATIONS

- Client doesn't know
Client refused
Data not collected

Length of Stay:  One night or less  One year or longer
 Two to six nights  Client doesn't know
 One week or more, but less than one month  Client refused
 One month or more, but less than 90 days  Data not collected
 90 days or more, but less than one year

Approximate Date Homelessness Started: \_\_\_/\_\_\_/\_\_\_

Regardless of where they stayed last night - NUMBER of TIMES the client has been on the streets, in ES, or SH in the past three years including today:  One time  Four times or more  Data not collected
 Two times  Client doesn't know
 Three times  Client refused

Total NUMBER of MONTHS homeless on the street, in ES or SH in the past three years:  One month (this is the first time)  6  11
 2  7  12
 3  8  More than 12 months
 4  9  Client doesn't know
 5  10  Client refused
 Data not collected



Erie City and County Continuum of Care (CoC)  
Homeless Management Information System (HMIS)

**Total Monthly Income:** \$ \_\_\_\_\_

**Income from Any Source:**    Yes    No      Client doesn't know    Client refused    Data not collected

<b>Source of Income:</b>	\$ _____ Alimony or other spousal support	\$ _____ Supplemental Security Income (SSI)
	\$ _____ Child support	\$ _____ TANF
	\$ _____ Earned Income	\$ _____ Unemployment Insurance
	\$ _____ General Assistance	\$ _____ VA Non-Service Connected Disability Pension
	\$ _____ Other: _____	\$ _____ VA Service Connected Disability Pension
	\$ _____ Pension or retirement from a former job	\$ _____ Worker's compensation
	\$ _____ Private disability insurance	
	\$ _____ Retirement income from Social Security	
	\$ _____ Social Security Disability Income (SSDI)	

**Non-Cash Benefit from Any Source:**    Yes    No      Client doesn't know    Client refused    Data not collected

**Source of Non-Cash Benefit:**

\$ _____	Supplemental Nutrition Assistance Program (SNAP)
\$ _____	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
\$ _____	TANF Child Care services
\$ _____	TANF transportation services
\$ _____	Other TANF-funded services
\$ _____	Other Source: _____ (Specify source)

**Covered by Health Insurance:**    Yes    No      Client doesn't know    Client refused    Data not collected    D

**Health Insurance Type:**

<input type="radio"/> MEDICAID	<input type="radio"/> Health Insurance obtained through COBRA
<input type="radio"/> MEDICARE	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> State's Children Health Insurance Program	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Administration (VA) Medical Services	<input type="radio"/> Indian Health Services Program
<input type="radio"/> Employer-Provided Health Insurance	<input type="radio"/> Other: _____

**Disability Sub- Assessment**  
  
If 'Yes' to question: Does client have a disabling condition, check all that apply:

Condition	If Yes, condition is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?				
<input type="radio"/> Alcohol Abuse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected
<input type="radio"/> Both alcohol and drug abuse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected
<input type="radio"/> Chronic Health Condition	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected
<input type="radio"/> Developmental	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected
<input type="radio"/> Drug Abuse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected
<input type="radio"/> HIV/AIDs	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected
<input type="radio"/> Mental Health Problem	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected
<input type="radio"/> Physical	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused	<input type="radio"/> Data not collected



**Domestic Violence Victim/Survivor:**  Yes  No  Client doesn't know  Client refused  Data not collected

• **If Yes, when experience occurred:**  Within the past three months  Three to six months ago  From six months to one year  More than a year ago  Client doesn't know  Client refused  Data not collected

• **If Yes, are you currently fleeing?**  Yes  No  Client doesn't know  Client refused  Data not collected

**Sub Assessment for PATH Contacts and Enrollment**

**Start Date of Contact:** \_\_\_\_\_ **End Date of Contact:** \_\_\_\_\_

**Are you staying on the Streets, ES, or SH?**  Yes  No  Worker unable to determine

*(Date of Engagement is the date on which an interactive client relationship results in a deliberate client assessment)*

**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)

**Education Summary – Complete for all School Age Children and Adults**

**Highest Level of Education Attained:**  Nursery School to 4<sup>th</sup> Grade  5<sup>th</sup> Grade or 6<sup>th</sup> Grade  7<sup>th</sup> Grade or 8<sup>th</sup> Grade  9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> Grade, No Diploma  High School Diploma  GED  Post-secondary school  No Schooling Completed  Client doesn't know  Client refused  Data not collected