HHS PATH Annual 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): _____

Total Monthly Income: $_____

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

Source of Income:
$_____Alimony or other spousal support
$_____Child support
$_____Earned Income
$_____General Assistance
$_____Other: _____
$_____Pension or retirement from a former job
$_____Private disability insurance
$_____Retirement income from Social Security
$_____Social Security Disability Income (SSDI)

$_____Supplemental Security Income (SSI)
$_____TANF
$_____Unemployment Insurance
$_____VA Non-Service Connected Disability Pension
$_____VA Service Connected Disability Pension
$_____Worker's compensation

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   ○ Da

Health Insurance Type:
○ MEDICAID
○ MEDICARE
○ State's Children Health Insurance Program
○ Veteran's Administration (VA) Medical Services
○ Employer-Provided Health Insurance

○ Health Insurance obtained
  through COBRA
○ State Health Insurance for Adults
○ Private Pay Health Insurance
○ Indian Health Services Program
○ Other: _____

Connection with SOAR: ○ Yes   ○ No   ○ Client doesn't know   ○ Client refused   ○ Data not collected   ○ Da

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