PATH Outreach entry form

**Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**This form is not required for monitoring purposes. It is meant to be a resource for your HMIS data collection. This form mirrors the order of questions in the data entry workflow.**

\*\*\*HUD views the following answers as data quality errors and should be avoided if possible: Only use these answers if this is specifically what the client reports: Client Doesn’t Know, Client Refused, Data Not Collected, Other

CLIENT INFORMATION

**Name:** First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Data Quality:** Full Name Reported\_\_\_ Partial, Street, or Code Name Reported\_\_\_ Client doesn’t know\_\_\_ Client refused\_\_\_

**Social Security Number:** \_\_\_\_\_ -\_\_\_\_ -\_\_\_\_\_\_\_ **SSN Data Quality:** Full SSN Reported\_\_\_ Approximate or Partial SSN Reported\_\_\_ Client doesn’t know\_\_\_ Client refused\_\_\_

**U.S. Military Veteran?** Yes\_\_\_ No\_\_\_\_

**Section (1): Complete for All Household Members (Adults & Minors)**

**Relationship to Head of Household:** Self (head of household\_\_\_ Head of household’s child\_\_\_\_

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ **Date of Birth Type:** Full DOB Reported\_\_\_ Approximate or Partial DOB Reported\_\_\_ Client doesn’t know\_\_\_ Client refused\_\_\_

**Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Primary Race**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Race (if reported):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the client pregnant?** Yes (HUD)\_\_\_ No (HUD)\_\_\_ Client doesn’t know (HUD)\_\_\_ Client refused (HUD)\_\_\_

 If yes, does the client know the approximate birth date? Yes\_\_\_ No\_\_\_ Client refused\_\_\_

 If client knows birth date, what is the projected birth date? \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

DISABILITY INFORMATION

**Connected to SOAR?** YES\_\_\_ NO\_\_\_

**Does client have a disabling condition?** Yes (HUD)\_\_\_ No (HUD)\_\_\_ Client doesn’t know (HUD)\_\_\_ Client refused (HUD)\_\_\_

If yes to disability, please describe:

**Disability Type**: Alcohol Abuse (HUD)\_\_\_Drug Abuse (HUD)\_\_\_Mental Health Problem (HUD)\_\_\_Chronic Health Condition (HUD)\_\_\_Physical (HUD)\_\_\_Developmental (HUD)\_\_\_HIV/AIDS (HUD)\_\_\_

**Disability Determination**: Yes (HUD)\_\_\_ No (HUD)\_\_\_ Client doesn’t know (HUD)\_\_\_ Client refused (HUD)\_\_\_

If yes, expected to be of long-continued indefinite duration and substantially impairs ability to live independently? \_\_\_\_\_\_\_\_\_\_

Note on Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH INSURANCE INFORMATION

**Covered by Health Insurance?** Yes \_\_\_No \_\_\_Client doesn’t know \_\_\_Client Refused\_\_\_

**Health Insurance Type**: MEDICAID\_\_\_ MEDICARE\_\_\_ State Children’s Health Insurance Program\_\_\_ Veteran’s Administration (VA) Medical Services\_\_\_ Employer-Provided Health Insurance\_\_\_ Health Insurance obtained through COBRA\_\_\_ Private Pay Health Insurance\_\_\_ State Health Insurance for Adults\_\_\_ Indian Health Services Program\_\_\_ Other\_\_\_

**Covered?** Yes\_\_\_ No\_\_\_

**Section (2): Complete for Head of Household**

**Client Location:** TN-504 for Davidson county

HOMELESS HISTORY QUESTIONS

**Prior Living Situation (where they stayed the night before intake)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of stay in previous place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 (HUD)\_\_\_Two times (HUD)\_\_\_Three times (HUD)\_\_\_

Four or more times (HUD)\_\_\_Client Refused\_\_\_ Client doesn’t know (HUD)\_\_\_

**Total number of months homeless on the street, in ES or SH in the past three years** (round UP to the next month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOME INFORMATION

**Total Monthly Income: \*\* Put minor child's income ONLY on Head of Household. Each adult in family should have income recorded on their individual file.**

**Income from any source:** Yes (HUD)\_\_\_ No (HUD)\_\_\_ Client doesn’t know (HUD)\_\_\_ Client refused (HUD)\_\_\_

**If yes to cash income, please describe:**

Monthly Amount\_\_\_\_\_\_\_\_\_\_ Source of Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving income source? Yes\_\_\_ No\_\_\_

Non-Cash INFORMATION

**Non-Cash Benefit from any source?** Yes (HUD)\_\_\_ No (HUD)\_\_\_ Client doesn’t know (HUD)\_\_\_ Client refused (HUD)\_\_\_

**If yes to non-cash benefit, please describe:**

Amount of Non-Cash Benefit\_\_\_\_\_\_\_\_\_\_ Receiving Benefit? Yes\_\_\_ No\_\_\_

Source of Non-Cash Benefit: Supplemental Nutrition Assistance Program (Food Stamps) (HUD)\_\_\_\_ Special Supplemental Nutrition Program for WIC (HUD)\_\_\_TANF Child Care Services (HUD)\_\_\_TANF Transportation Services (HUD)\_\_\_Other TANF-Funded Services (HUD)\_\_\_Other Source (HUD)\_\_\_

Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domestic Violence History

**Is Client a Survivor of Domestic Violence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes for Domestic Violence Victim/Survivor, when did experience occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Yes for Domestic Violence Victim/Survivor, are you currently fleeing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If client is currently fleeing domestic violence and the household in in danger, please discuss a safety plan.**

**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 reasons\_\_\_ Unable to locate client\_\_\_