



HHS PATH Exit Assessment

This form is to be used in assisting case managers, intake workers, and HMIS users to record client level program specific data elements for input into Servicepoint for the purpose of HMIS.

Project: _____ **Date:** _____

Client Name: _____

- Reason for Leaving:**
- Completed program
 - Criminal activity/violence
 - Death
 - Disagreement with rules/persons
 - Left for housing opp. before completing program
 - Needs could not be met
 - Non-compliance with program
 - Non-payment of rent
 - Other: _____
 - Reached maximum time allowed
 - Unknown/Disappeared

- Destination:**
- Deceased
 - Emergency shelter, including hotel or motel paid for with emergency shelter voucher
 - 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
 - Owned by client, no ongoing housing subsidy
 - Owned by client, with ongoing housing subsidy
 - Permanent housing for formerly homeless persons
 - Place not meant for habitation
 - Psychiatric hospital or other psychiatric facility
 - 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
 - Residential project or halfway house with no homeless criteria
 - Safe Haven
 - Staying or living with family, permanent tenure
 - Staying or living with family, temporary tenure
 - Staying or living with friends, permanent tenure
 - Staying or living with friends, temporary tenure
 - Substance abuse treatment facility or detox center
 - Transitional housing for homeless persons (including homeless youth)
 - Other: _____
 - No exit interview completed
 - 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:
- Enrollment Pending
 - Refused/Decided Not to Enroll
 - Moved/Missing

Connection with SOAR:

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



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

If yes, check all that apply: Alcohol Abuse HIV/AIDs
 Both alcohol and drug abuse Mental Health Problem
 Chronic Health Condition Physical
 Developmental Physical/Medical
 Drug Abuse

Disability determination: Yes Client refused
 No Data not collected
 Client doesn't know

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? Yes Client refused
 No Data not collected
 Client doesn't know

If Yes, Documentation of the disability and severity on file: Yes
 No

If Yes for Mental Health, Alcohol, Drug, or Both, how confirmed? Unconfirmed; presumptive or self-report
 Confirmed through assessment and clinical evaluation
 Confirmed by prior evaluation or clinical records

If Yes for Mental Health, is it a Serious Mental Illness (SMI), and if yes, how confirmed? No
 Unconfirmed; presumptive or self-report
 Confirmed through assessment and clinical evaluation
 Confirmed by prior evaluation or clinical records
 Client doesn't know
 Client refused

(If yes) Currently receiving services or treatment: Yes Client refused
 No Data not collected
 Client doesn't know

Note on Disability: _____

Above condition is going to be long term? Yes
 No

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

Source of Income: \$____ Alimony or other spousal support \$____ Supplemental Security Income (SSI)
 \$____ Child support \$____ Temporary Assistance for Needy Families (TANF)
 \$____ Earned Income \$____ Unemployment Insurance
 \$____ General Assistance \$____ VA non-service-connected disability pension
 \$____ Other: _____ \$____ VA service-connected disability compensation
 \$____ Pension or retirement from a former job \$____ Worker's compensation
 \$____ Private disability insurance
 \$____ Retirement income from Social Security
 \$____ Social Security Disability Income (SSDI)

Total Monthly Income: _____



Non-cash benefit from any source: Yes Client refused
 No Data not collected
 Client doesn't know

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
\$____ Section 8, public housing, or other ongoing rental assistance
\$____ Other: _____
\$____ Temporary rental assistance

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

Health Insurance Type:

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

Covered?: Yes No Data not collected
