



## HHS PATH Client Update

Periodic updates to client records are important to validate a client's progress towards housing while in your project. This form assists in updating a client's record for a simple change of information as PATH clients work through the project.

**Project:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Update Type:**     Annual Assessment  
                           Update

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**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

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

<b>Source of Income:</b>	\$ ____ 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

Receiving Benefits?  Yes  No  Data not collected

**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