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 doesn't know
- ○ Client refused
- ○ Data not collected

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

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

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

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

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
○ No
○ Client doesn't know
○ Client refused
○ Data not collected

Note on Disability: _____

Above condition is going to be long term?
○ Yes
○ No

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)
$_____Temporary Assistance for Needy Families (TANF)
$_____Unemployment Insurance
$_____VA non-service-connected disability pension
$_____VA service-connected disability compensation
$_____Worker's compensation

Total Monthly Income: _____

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
$_____Section 8, public housing, or other ongoing rental assistance
$_____Other: _____
$_____Temporary rental assistance

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

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

Covered?: ○ Yes ○ No ○ Data not collected