



HHS PATH Intake 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.

Project: _____ **Date:** _____

Client Name: _____

SSN: _____

SSN Data Quality:

- Full SSN reported
- Approximate or partial SSN reported
- Client doesn't know
- Client refused
- Data not collected

U.S. Military Veteran?

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

Date of Birth: _____

Date of Birth Type:

- Full DOB reported
- Approximate or partial DOB reported
- Client doesn't know
- Client refused

Gender:

- Female
- Male
- Transgendered Female to Male
- Transgendered Male to Female
- Other
- Client doesn't know
- Client refused
- Data not collected
- Other: _____

Primary Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

Secondary Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Client doesn't know
- Client refused
- Data not collected



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Client Name: _____	Date of Birth: _____
	Social Security #: _____

I request and authorize: _____ at
Staff Person(s)

Agency Name: _____

Project Name: _____

to disclose confidential information to HMIS-ERIE, the homeless database which supports the Erie, PA Continuum of Care PA-605 administered by EUMA at:

EUMA
1033 East 26th Street
Erie, PA 16504

This request and authorization applies to:

- Client demographics and HUD program entry/exit information
- Case Management Information for the purpose of services and referrals, and/or: _____

Yes No I expressly release the above named staff person(s) and Agency from any and all liability arising from compliance with this request and disclosure of the requested information to HMIS-ERIE and EUMA.

Client Signature: _____ Date Signed: _____

Yes No I understand my rights regarding personally identifying information as explained by the above named staff person(s) and outlined in the HMIS-ERIE Consumer Privacy Policy. I authorize the release of my information, such as personal demographics, income, health, and disabilities (including drug, alcohol, and/or mental health treatment) to HMIS-ERIE.

Client Signature: _____ Date Signed: _____

Yes No I authorize my information to be shared with other HMIS-ERIE providers to send and receive referrals and coordinate services between HMIS-ERIE providers.

Client Signature: _____ Date Signed: _____

Staff Signature : _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES ONE (1) YEAR AFTER IT IS SIGNED.

Entry

Date of Entry: _____

Residence Prior to Project Entry:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="radio"/> Foster care home or foster care group home <input type="radio"/> Hospital or other residential non-psychiatric medical facility <input type="radio"/> Hotel or motel paid for without emergency shelter voucher <input type="radio"/> Jail, prison or juvenile detention facility <input type="radio"/> Long-term care facility or nursing home <input type="radio"/> Owned by client, no ongoing housing subsidy | <ul style="list-style-type: none"> <input type="radio"/> Owned by client, with ongoing housing subsidy <input type="radio"/> Permanent housing for formerly homeless persons <input type="radio"/> Place not meant for habitation <input type="radio"/> Psychiatric hospital or other psychiatric facility <input type="radio"/> Rental by client, no ongoing housing subsidy <input type="radio"/> Rental by client, with VASH subsidy <input type="radio"/> Rental by client, with GPD TIP subsidy <input type="radio"/> Rental by client, with other ongoing housing subsidy | <ul style="list-style-type: none"> <input type="radio"/> Residential project or halfway house with no homeless criteria <input type="radio"/> Safe Haven <input type="radio"/> Staying or living in a family member's room, apartment or house <input type="radio"/> Staying or living in a friend's room, apartment or house <input type="radio"/> Substance abuse treatment facility or detox center <input type="radio"/> Transitional housing for homeless persons (including homeless youth) <input type="radio"/> Other: _____ <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected |
|---|---|--|

Length of Stay:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> One day or less <input type="radio"/> Two days to one week <input type="radio"/> More than one week, but less than one month <input type="radio"/> One to three months | <ul style="list-style-type: none"> <input type="radio"/> More than three months, but less than one year <input type="radio"/> One year or longer <input type="radio"/> Client doesn't Know <input type="radio"/> Client refused <input type="radio"/> Data not collected |
|---|---|

Relationship to Head of Household:

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member
- Other: non-relation member
- Data not collected

Client Location: PA-605

Housing Status:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Homeless <input type="radio"/> At imminent risk of losing housing <input type="radio"/> Homeless only under other federal statutes <input type="radio"/> Fleeing domestic violence | <ul style="list-style-type: none"> <input type="radio"/> At-risk of homelessness – Prevention programs only <input type="radio"/> Stably Housed <input type="radio"/> Data not collected |
|---|---|

Client entering from the streets, ES or SH?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know | <ul style="list-style-type: none"> <input type="radio"/> Client refused <input type="radio"/> Data not collected |
|--|--|

If Yes for "Client entering from the streets, ES or SH – Approximate date 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

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Never in the three years <input type="radio"/> One time <input type="radio"/> Two times <input type="radio"/> Three times | <ul style="list-style-type: none"> <input type="radio"/> Four times <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected |
|--|---|

Total number of months homeless on the street, in ES or SH in the past three years

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> ___ (1-12) <input type="radio"/> More than 12 months <input type="radio"/> Client doesn't know | <ul style="list-style-type: none"> <input type="radio"/> Client Refused <input type="radio"/> Data not collected |
|--|--|

Length of Time Homeless-Status Documented?

- Yes No



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 \$_____ Private disability insurance \$_____ Retirement income from Social Security \$_____ Worker's compensation \$_____ Social Security Disability Income (SSDI)

Total Monthly Income: _____

