

Collection Point: Entry
Projects/grants: PATH
Clients who are: Head of Households & Adults

Step 1: Client Demographics - all fields with an "*" are required.

First Name:* _____ Last Name:* _____

Middle Name: _____ Suffix: _____ HoH:* _____

Name Data Quality:*

Full Name Reported

Partial, or Street Name

Client Doesn't Know

Client Refused

Data Not Collected

Social Security Number:* _____

Full SSN Reported

Approximate or Partial SSN

Client Doesn't Know

Client Refused

Data Not Collected

Birthdate:* _____

Full DOB Reported

Approximate or Partial DOB

Client Doesn't Know

Client Refused

Data Not Collected

Ethnicity:*

Hispanic/Latino

Non-Hispanic/Latino

Client Doesn't Know

Client Refused

Data Not Collected

Race:* (Select all that apply)

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

Gender:*

Male

Female

Transgender Female to Male

Transgender Male to Female

Client Doesn't Identify Male, Female, or Transgender

Client Doesn't Know

Client Refused

Data Not Collected

If Female, Pregnancy Status:*

Yes Due Date: _____

No

Client Doesn't Know

Client Refused

Data Not Collected

Veteran Status:* (18 & over)

Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

Relationship to Head of Household:*

Self

Son

Daughter

Dependent Child

Spouse

Foster Child

Grandchild

Other Family Member

Other Non-Family Member

Client Contact Information:

Email: _____ Phone: _____

Step 2: Project Enrollment

Project Start Date:* _____

Date of Engagement: _____

Date PATH Status Determined: _____

Case Manager: _____

Client became enrolled in PATH?

Yes

No 

Reason not enrolled in PATH?

Client was found ineligible for PATH

Client was not enrolled for other reason(s)

Step 3: Entry Assessments

Disabling Condition:*

Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

Client Location (The CoC the client is being served in):*

<input type="checkbox"/> Athens/Clarke County (GA-503)	<input type="checkbox"/> Fulton County (GA-502)
<input type="checkbox"/> Atlanta (GA-500)	<input type="checkbox"/> Ballance of State (GA-501)
<input type="checkbox"/> August (GA-504)	<input type="checkbox"/> Marietta/Cobb (GA-506)
<input type="checkbox"/> Columbus/Russell County (GA-505)	<input type="checkbox"/> Savannah/Chatham County (GA-507)
<input type="checkbox"/> DeKalb County (GA-508)	

Step 4: Living Situation*

Living Situation - Identify the residence just prior to (i.e., the night before) enrollment (ONLY SELECT ONE):

COMPLETE THESE STEPS FOR ALL PATH PROJECTS

HOMELESS SITUATION

 Place not meant for habitation
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher
 Safe Haven
 Interim Housing

INSTITUTIONAL SITUATION

 Foster care home or foster care group home
 Hospital or other residential non-psychiatric medical facility
 Jail, Prison or Juvenile Detention Center
 Long-term care facility or nursing home
 Psychiatric Hospital or Other Psychiatric Facility
 Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

 Hotel or motel paid for without emergency shelter voucher
 Owned by client, no ongoing housing subsidy
 Owned by client, with ongoing housing subsidy
 Permanent Housing (other than RRH) for Formerly Homeless Persons
 Rental by client, with no ongoing housing subsidy
 Rental by client, with VASH housing subsidy
 Rental by client, with GPD TIP subsidy
 Rental by client, with other ongoing housing subsidy (Including RRH)
 Residential project or halfway house with no homeless criteria
 Staying or living in a family member's room, apartment or house
 Staying or living in a friend's room, apartment or house
 Transitional Housing for Homeless Persons
 Client Doesn't Know
 Client Refused
 Data Not Collected

COMPLETE THESE ADDITIONAL STEPS FOR PATH "SERVICES ONLY" PROJECTS

Proceed to Step 5 at bottom of page

Is this less than 90 days?*

 No
 Yes

Proceed to next page

On the night before did you stay on the streets, ES, or SH?*

 No
 Yes

Proceed to Step 5 at bottom of page

Proceed to next page

Step 5: History of Homelessness

Approximate date homelessness started (The beginning of *this* continuous period of homelessness): * _____

Total # of *times* the client has been on the streets, in ES, or SH in the past three years including today: * _____

Total # of *months* homeless on the street, in ES, or SH in the past three years: * _____




Step 6: Health Insurance:*

Health Insurance	
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
If client has Health Insurance, check all that apply below:	
<input type="checkbox"/> Private	<input type="checkbox"/> State Children's Health Insurance Program S-CHIP
<input type="checkbox"/> Private - Employer	<input type="checkbox"/> Military Insurance
<input type="checkbox"/> Private - Individual	<input type="checkbox"/> State Funded
<input type="checkbox"/> Medicare	<input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Indian Health Service (IHS)


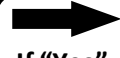
Step 7: SOAR Connection:*

Connection with SOAR?	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

Step 8: Barriers/Special Needs:* Identify whether a client has each individual barrier or not. Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

<p>Alcohol Abuse*</p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<p>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p>Chronic Health Condition*</p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<p>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p>Developmental Disability*</p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		
<p>Drug Abuse*</p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<p>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p>HIV/AIDS*</p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		

Step 8: Barriers/Special Needs:* (Continued)

<p>Mental Health*</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Data Not Collected</p>	<p> If "Yes", answer this:</p>	<p>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected</p>
<p>Physical Disability*</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Data Not Collected</p>	<p> If "Yes", answer this:</p>	<p>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected</p>

Step 9: Income and Non-Cash Benefits:*

Income Sources:

No Income Client Doesn't Know

Client Refused Data Not Collected

If client has income, check all that apply below, and record MONTHLY amount:

<input type="checkbox"/> Earned Income (i.e., employment income) \$* _____	<input type="checkbox"/> General Assistance \$* _____
<input type="checkbox"/> Unemployment Insurance \$* _____	<input type="checkbox"/> Retirement income from Social Security \$* _____
<input type="checkbox"/> Supplemental Security Income (SSI) \$* _____	<input type="checkbox"/> Veteran's Pension \$* _____
<input type="checkbox"/> Social Security Disability Insurance (SSDI) \$* _____	<input type="checkbox"/> Other Pension \$* _____
<input type="checkbox"/> Veteran's Disability Payment \$* _____	<input type="checkbox"/> Child Support \$* _____
<input type="checkbox"/> Private Disability Insurance \$* _____	<input type="checkbox"/> Alimony or other spousal support \$* _____
<input type="checkbox"/> Worker's Compensation \$* _____	<input type="checkbox"/> Other: _____ \$* _____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) \$* _____	

Non-Cash Benefit Sources:

No Non-Cash Benefits Client Doesn't Know

Client Refused Data Not Collected

If client receives non-cash benefits, check all that apply below:

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) \$ _____	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded Services
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> Other Source (Specify: _____)

Step 10: Currently Living Situation

HOMELESS SITUATION

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven

INSTITUTIONAL SITUATION

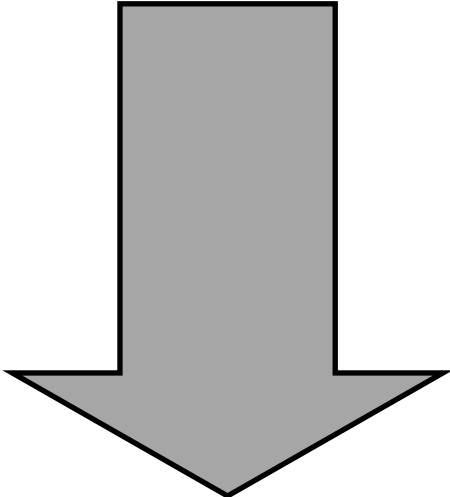
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison or Juvenile Detention Center
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center

Location details

TEMPORARY AND PERMANENT HOUSING SITUATION

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional Housing for Homeless Persons
- Owned by client, no ongoing housing subsidy
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy (Including RRH)
- Other
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected

If Institutional, temporary, or Permanent Housing, continue on next page



Step 10: Currently Living Situation - continued for non-homeless situations:

Is client going to have to leave their current living

- Client Doesn't Know
- Client Refused No Yes
- Data Not Collected

If Yes, Has a subsequent residence been identified?

- Client Doesn't Know
- Client Refused No Yes
- Data Not Collected

If Yes, Does individual or family have resources or support networks to obtain other permanent housing?

- Client Doesn't Know
- Client Refused No Yes
- Data Not Collected

If yes, has the client had a lease or ownership inter-

- Client Doesn't Know
- Client Refused No Yes
- Data Not Collected