**HOUSING FORWARD**

## Step 1: Client Demographics                    All fields with an * are required

**First & Last Name:*** _____

Middle Name: _____     Alias: _____

### Name Data Quality:*

☐ Full Name Reported                    ☐ Client Doesn't Know              ☐ Data Not Collected
☐ Partial, Street, or Code Name Reported ☐ Client Prefers Not to Answer

**Social Security Number:*** _____ - ____ - _____ | **Birth Date:*** ___ MM / DD / YYYY ___

☐ Full SSN Reported                     | ☐ Full SSN Reported
☐ Approximate or Partial SSN Reported   | ☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know                   | ☐ Client Doesn't Know
☐ Client Prefers Not to Answer          | ☐ Client Prefers Not to Answer
☐ Data Not Collected                    | ☐ Data Not Collected

### Race and Ethnicity:*

☐ American Indian, Alaska Native, or Indigenous   ☐ Native Hawaiian or Pacific Islander   ☐ Additional Race and Ethnicity Detail:
☐ Asian or Asian American                         ☐ White
☐ Black, African American, or African             ☐ Client doesn't know
☐ Hispanic/Latina/e/o                             ☐ Client prefers not to answer
☐ Middle Eastern or North African                 ☐ Data not collected

### Sex:

☐ Female              ☐ Client doesn't know             ☐ Data not collected
☐ Male                ☐ Client prefers not to answer

### Gender:

☐ Woman (Girl, if child)                    ☐ Questioning                 ☐ If Different Identity, please specify:
☐ Man (Boy, if child)                       ☐ Different Identity
☐ Culturally Specific Identity (e.g., Two-Spirit)   ☐ Client doesn't know
☐ Transgender                               ☐ Client prefers not to answer
☐ Non-Binary                                ☐ Data not collected

### Pregnancy Status:

☐ Yes                                       ☐ No                          ☐ Client prefers not to answer
   If Yes, Due Date:* ___ MM / DD / YYYY ___  ☐ Client doesn't know       ☐ Data not collected

### Veteran Status:*

☐ Yes                 ☐ Client doesn't know             ☐ Data not collected
☐ No                  ☐ Client prefers not to answer

### Contact Information

Address: _____     City/State/Zip: _____

Email: _____     Phone: _____

### Relationship to Head of Household:*

☐ Self (Head of Household)              ☐ Head of Household's Spouse or Partner        ☐ Other: Non-Relation Member
☐ Head of Household's Child             ☐ Head of Household's Other Relation Member

## Step 2: Project Enrollment

Project Start Date:* ___ MM / DD / YYYY ___

Date of Engagement: ___ MM / DD / YYYY ___          Case Manager: _____

Date PATH Determined: ___ MM / DD / YYYY ___        Client Became Enrolled in PATH:    ☐ Yes    ☐ No

**Assessment:** Entry/Intake
**Funder(s):** HHS: PATH
**Project(s):** Supportive Services Only
**Applies To:** Head of Household (Primary) & Adults (18+)

HOUSING FORWARD

| *If No, for "Client Became Enrolled in PATH" - Reason not enrolled**  |
|---|
| ☐ Client was found ineligible for PATH    ☐ Client was not enrolled for other reason(s)    ☐ Unable to locate client |

# Step 3: Entry Assessments

## Disabling Condition:*

☐ Yes                    ☐ Client doesn't know                    ☐ Data not collected
☐ No                     ☐ Client prefers not to answer

## Prior Living Situation*

*Identify where the client slept the night before enrollment - **ONLY SELECT ONE***

### Homeless Situations

☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/station/airport, or anywhere outside)
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
☐ Safe Haven

| **Institutional Situations** | **Temporary Housing Situations** |
|---|---|
| ☐ Foster care home or foster care group home | ☐ Residential project or halfway house with no homeless criteria |
| ☐ Hospital or other residential non-psychiatric medical facility | ☐ Transitional housing for homeless persons (including homeless youth) |
| ☐ Jail, prison, or juvenile detention facility | ☐ Hotel or motel paid for without emergency shelter voucher |
| ☐ Long-term care facility or nursing home | ☐ Host Home (non-crisis) |
| ☐ Psychiatric hospital or other psychiatric facility | ☐ Staying or living in a friend's room, apartment, or house |
| ☐ Substance abuse treatment facility or detox center | ☐ Staying or living in a family member's room, apartment, or house |

| **Permanent Housing situation** | **Other** |
|---|---|
| ☐ Owned by client, with ongoing housing subsidy | ☐ Client doesn't know |
| ☐ Owned by client, no ongoing housing subsidy | ☐ Client prefers not to answer |
| ☐ Rental by client, with ongoing housing subsidy | ☐ Data not collected |
| ☐ Rental by client, no ongoing housing subsidy | |

| *If "Yes, Rental by Client, with Ongoing Housing Subsidy" – **Specify**:* |  |
|---|---|
| ☐ GPD TIP housing subsidy | ☐ Rental by client, with other ongoing housing subsidy |
| ☐ VASH housing subsidy | ☐ Housing Stability Voucher |
| ☐ RRH or equivalent subsidy | ☐ Family Unification Program Voucher (FUP) |
| ☐ HCV voucher (tenant or project based) (not dedicated) | ☐ Foster Youth to Independence Initiative (FYI) |
| ☐ Public housing unit | ☐ Permanent Supportive Housing |
| ☐ Other permanent housing dedicated for formerly homeless persons | |

**Length of stay in prior living situation:***

| | |
|---|---|
| ☐ One night or less | ☐ 90 days or more, but less than one year |
| ☐ Two to six nights | ☐ Client doesn't know |
| ☐ One week or more, but less than one month | ☐ Client prefers not to answer |
| ☐ One month or more, but less than 90 days | ☐ Data not collected |

| *FOR INSTITUTIONAL SITUATIONS* | *FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS* |
|---|---|
| **Did you stay less than 90 days:** *    ☐ Yes    ☐ No | **Did you stay less than 7 nights:** *    ☐ Yes    ☐ No |

| *If "Yes, Stayed in a Temporary, Permanent or Other Situation for less than 7 nights **OR** Stayed in an Institutional Situation for less than 90 days* |
|---|

**On the night before did you stay on the streets, ES, or SH:*** ☐ Yes    ☐ No

| *If "Yes, On the night before did you stay on the streets, ES, or SH" or if Prior Living Situation is a "Homeless Situation"* |
|---|

**Approximate date this episode of homelessness started:*** MM / DD / YYYY

**Number of *times* the client has been on the streets, ES or Safe Haven in the last 3 years (including today):***

| | | | |
|---|---|---|---|
| ☐ One Time | ☐ Three Times | ☐ Client prefers not to answer | ☐ Data not collected |
| ☐ Two Times | ☐ Four or More Times | ☐ Client doesn't know | |

**Assessment:** Entry/Intake
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**Total number of months homeless on the streets, in ES, or SH in the past three years:***

☐ One month (this time is the first month)   ☐ Client doesn't know
☐ 2-12 months (specify number of months): _____   ☐ Client prefers not to answer
☐ More than 12 months   ☐ Data not collected

## Covered By Health Insurance*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

### *If "Yes, Covered by Health Insurance" - Specify:**

☐ MEDICAID   ☐ Health Insurance Obtained Through COBRA
☐ MEDICARE   ☐ Private Pay Health Insurance
☐ State Children's Health Insurance (S-CHIP)   ☐ State Health Insurance for Adults
☐ Veteran's Health Administration (VHA)   ☐ Indian Health Services Program
☐ Employer Provided Health Insurance   ☐ Other (specify):_____

## Connection with SOAR*

*Has client been connected to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, regardless of whether that connection was established by the PATH provider or not.*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

## Barriers (Disabling Conditions)

### Physical Disability*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

#### *If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

### Developmental Disability*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

### Chronic Health Condition*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

#### *If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

### HIV/AIDS*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

### Mental Health Disorder*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

#### *If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

### Alcohol Use Disorder*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

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**Applies To:** Head of Household (Primary) & Adults (18+)

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| *If "Yes, is it Expected to be of **Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**\** | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

**Drug Use Disorder\***

| | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

| *If "Yes, is it Expected to be of **Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**\** | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

## Survivor of Domestic Violence*

| | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

*If "Yes, Survivor of Domestic Violence"*

**When experience occurred:\***

| | |
|---|---|
| ☐ Within the past three months | ☐ Client doesn't know |
| ☐ Three to six months ago (excluding six months exactly) | ☐ Client prefers not to answer |
| ☐ Six months to one year ago (excluding one year exactly) | ☐ Data not collected |
| ☐ One year ago, or more | |

**Are you currently fleeing?:\***

| | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

## Income from Any Source*

| | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

*If "Yes, Income from Any Source" – **Specify Type & Monthly Amount:\***

| | |
|---|---|
| ☐ Earned Income | Amount: $_____ |
| ☐ Unemployment Insurance | Amount: $_____ |
| ☐ Supplemental Security Income (SSI) | Amount: $_____ |
| ☐ Social Security Disability Insurance (SSDI) | Amount: $_____ |
| ☐ VA Service-Connected Disability Compensation | Amount: $_____ |
| ☐ VA Non-Service-Connected Disability Pension | Amount: $_____ |
| ☐ Private disability insurance | Amount: $_____ |
| ☐ Worker's Compensation | Amount: $_____ |
| ☐ Temporary Assistance for Needy Families (TANF) | Amount: $_____ |
| ☐ General Assistance (GA) | Amount: $_____ |
| ☐ Retirement income from Social Security | Amount: $_____ |
| ☐ Pension or retirement income from a former job | Amount: $_____ |
| ☐ Child support | Amount: $_____ |
| ☐ Alimony and other spousal support | Amount: $_____ |
| ☐ Other income source *(specify):* _____ | Amount: $_____ |

## Non-Cash Benefits from Any Source*

| | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

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| *If "Yes, Non-Cash from Any Source" – **Specify Type & Monthly Amount:***\* | |
|---|---|
| ☐ Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | Amount: $_____ |
| ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | Amount: $_____ |
| ☐ TANF Child Care services | Amount: $_____ |
| ☐ TANF transportation services | Amount: $_____ |
| ☐ Other TANF-funded services | Amount: $_____ |
| ☐ Other source *(specify):*_____ | Amount: $_____ |

## Current Living Situation\*
*Identify where the client slept the night before enrollment - **ONLY SELECT ONE***

### Homeless Situation
☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/station/airport, or anywhere outside)

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Safe Haven

| **Institutional Situation** | **Temporary Housing Situations** |
|---|---|
| ☐ Foster care home or foster care group home | ☐ Residential project or halfway house with no homeless criteria |
| ☐ Hospital or other residential non-psychiatric medical facility | ☐ Transitional housing for homeless persons (including homeless youth) |
| ☐ Jail, prison, or juvenile detention facility | ☐ Hotel or motel paid for without emergency shelter voucher |
| ☐ Long-term care facility or nursing home | ☐ Host Home (non-crisis) |
| ☐ Psychiatric hospital or other psychiatric facility | ☐ Staying or living in a friend's room, apartment, or house |
| ☐ Substance abuse treatment facility or detox center | ☐ Staying or living in a family member's room, apartment, or house |

| **Permanent Housing situation** | **Other** |
|---|---|
| ☐ Owned by client, with ongoing housing subsidy | ☐ Client doesn't know |
| ☐ Owned by client, no ongoing housing subsidy | ☐ Client prefers not to answer |
| ☐ Rental by client, with ongoing housing subsidy | ☐ Data not collected |
| ☐ Rental by client, no ongoing housing subsidy | |

| *If "Yes, Rental by Client with Ongoing Subsidy" - Specify:*\* | |
|---|---|
| ☐ GPD TIP housing subsidy | ☐ Rental by client, with other ongoing housing subsidy |
| ☐ VASH housing subsidy | ☐ Housing Stability Voucher |
| ☐ RRH or equivalent subsidy | ☐ Family Unification Program Voucher (FUP) |
| ☐ HCV voucher (tenant or project based) (not dedicated) | ☐ Foster Youth to Independence Initiative (FYI) |
| ☐ Public housing unit | ☐ Permanent Supportive Housing |
| ☐ Other permanent housing dedicated for formerly homeless persons | |

### *FOR ALL **NON-HOMELESS** CURRENT LIVING SITUATION RESPONSES:*

**Is client going to have to leave their current living situation within 14 days?**\*

☐ Yes      ☐ Client doesn't know      ☐ Data not collected
☐ No       ☐ Client prefers not to answer

### *If "Yes, Client Will Have to Leave Within 14 Days':*

**Has a subsequent residence been identified?**\*

☐ Yes      ☐ Client doesn't know      ☐ Data not collected
☐ No       ☐ Client prefers not to answer

**Does individual or family have resources or support networks to obtain other permanent housing?**\*

☐ Yes      ☐ Client doesn't know      ☐ Data not collected
☐ No       ☐ Client prefers not to answer

**Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?**\*

☐ Yes      ☐ Client doesn't know      ☐ Data not collected
☐ No       ☐ Client prefers not to answer

**Assessment:**    **Entry/Intake**
**Funder(s):**    **HHS: PATH**
**Project(s):**    **Supportive Services Only**
**Applies To:**    **Head of Household (Primary) & Adults (18+)**

**Has the client moved 2 or more times in the last 60 days?**<span style="color:red">*</span>

☐ Yes           ☐ Client doesn't know           ☐ Data not collected

☐ No           ☐ Client prefers not to answer

**Location Details:** _____