HMIS PATH Program Intake Form

Community Alliance for the Homeless | HMIS | Memphis, TN 38103 | Phone: 901.527.1302

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household

Enrollment COVID-19 related? ☐ **No** ☐ **Yes**

SOCIAL SECURITY NUMBER: [All clients]

			-			-				

QUALITY OF SOCIAL SECURITY [All clients]

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

Last Name:

First Name

QUALITY OF CURRENT NAME [All clients]

☐	Full name reported	☐	Client refused
☐	Partial name reported	☐	Data not collected
☐	Client doesn't know		

QUALITY OF DATE OF BIRTH [All clients]

☐	Full DOB reported	☐	Client refused
☐	Approximate or partial DOB reported	☐	Data not collected
☐	Client doesn't know		

DATE OF BIRTH: (e.g., 10/23/1978) [All clients]

		/			/				

Month Day Year

Middle Name:

GENDER [All clients]

☐	**Female**	☐	**Gender Non-Conforming (i.e., not exclusively male or female**
☐	**Male**	☐	**Client doesn't know**
☐	**Trans Female (MTF or Male to Female)**	☐	**Client refused**

☐	Trans Male (FTM or Female to Male)	☐	Data Not Collected

RACE (Select all applicable) [All clients]

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

ETHNICITY [All clients]

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

VETERANS STATUS [All clients]

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

IF "YES" TO VETERAN STATUS

Year entered Military Service: _____

Year separated from Military Service: _____

THEATRE OF OPERATIONS	NO	YES	Client doesn't know	Client refused	Data not collected
Theater of Operations: World War II	☐	☐	☐	☐	☐
Theater of Operations: Korean War	☐	☐	☐	☐	☐
Theater of Operations: Vietnam War	☐	☐	☐	☐	☐
Theater of Operations: Persian Gulf War (Desert Storm)	☐	☐	☐	☐	☐
Theater of Operations: Afghanistan (Operation Enduring Freedom)	☐	☐	☐	☐	☐
Theater of Operations: Iraq (Operation Iraqi Freedom)	☐	☐	☐	☐	☐
Theater of Operations: Iraq (Operation New Dawn)	☐	☐	☐	☐	☐
Theater of Operations: Other peacekeeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo	☐	☐	☐	☐	☐

BRANCH(es) OF THE MILITARY

☐	Army	☐	Coast Guard
☐	Air Force	☐	Client doesn't know
☐	Navy	☐	Client refused
☐	Marines	☐	Data not collected

DISCHARGE STATUS

☐	Honorable	☐	Uncharacterized
☐	General under honorable conditions	☐	Client doesn't know
☐	Other than honorable conditions (OTH)	☐	Client refused
☐	Bad Conduct	☐	Data not collected
☐	Dishonorable		

PROGRAM ENROLLMENT

PROGRAM START DATE

Month Day Year

Connection with SOAR

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

Is the Client an Adult or Head of Household? Yes is Auto Generated for these questions

Is the Program Type Either Emergency Shelter, Safe Haven, or Street Outreach? Yes is Auto Generated for these questions

LIVING SITUATION

☐	Emergency shelter, including hotel/motel paid for w/voucher	☐	Rental by client, with GPD TIP subsidy
☐	Foster care home or foster care group home	☐	Rental by client, with VASH subsidy
☐	Hospital or other residential non-psychiatric medical facility	☐	Rental by client, with other ongoing housing ubsidy
☐	Hotel or motel paid for without emergency shelter voucher	☐	Residential project or halfway house with no homeless criteria
☐	Interim Housing	☐	Safe Haven
☐	Rental by client, no ongoing housing subsidy	☐	Staying or living in a family member's room, apartment or house
☐	Jail, prison or juvenile detention facility	☐	Staying or living in a friend's room, apartment or house

☐	Long-term care facility or nursing home	☐	Substance abuse treatment facility or detox enter
☐	Owned by client, no ongoing housing subsidy	☐	Transitional housing for homeless persons (including homeless youth)
☐	Owned by client, with ongoing housing subsidy	☐	Client doesn't know
☐	Permanent housing (other than RRH) for formerly homeless persons	☐	Client refused
☐	Place not meant for habitation	☐	Data not collected
	Psychiatric hospital or other psychiatric facility		

LENGTH OF STAY IN PRIOR LIVING SITUATION

☐	One night or less	☐	Two nights to six nights	☐	One week or more, but less than one month
☐	1than 90 days month or more, but less	☐	90 days or more, but less than a year	☐	A year or longer
☐	Client doesn't know	☐	Client refused	☐	Data not collected

APPROXIMATE DATE HOMELESSNESS STARTED:

Month Day Year

NUMBER OF TIMES ON THE STREETS

☐	One time	☐	Two time	☐	Three times
☐	Four or More imes	☐	1 month or more, but less than 90 ays	☐	90 days or more, but less than a year
☐	A year or longer	☐	Client doesn't know	☐	Client refused
				☐	Data not collected

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET, IN ES, OR SH IN THE PAST THREE YEARS:

☐	One month (this is the first time)	☐	2 months	☐	3 months	☐	4 months
☐	5 months	☐	6 months	☐	7 months	☐	8 months
☐	9 months	☐	10 months	☐	11 months	☐	12 months
☐	More than 12 months	☐	Client doesn't know	☐	Client refused	☐	Data not collected

COMPLETE PATH ENGAGEMENT DATE WHEN THE CLIENT HAS BEEN ENGAGED Date of Engagement:

Month Day Year

COMPLETE DATE OF STATUS DETERMINATION WHEN THE ENROLLMENT STATUS FOR THE CLIENT HAS BEEN DETERMINED

Date of Status Determination

Month Day Year

DISABLING CONDITION AND BARRIERS

DISABLING CONDITION

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

If yes,

PHYSICAL DISABILITY

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

Long Term?

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

If yes,

DEVELOPMENTAL DISABILITY

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

If yes,

Substantially Impairs Independe ıce?

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

CHRONIC HEALTH CONDITION

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

If yes,

Long Term?

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

HIV – AIDS

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

If yes,

Substantially Impairs Independen :e?

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

MENTAL HEALTH PROBLEM

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

Long Term?

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

SUBSTANCE ABUSE PROBLEM

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

If yes, please check below:

☐	Alcohol Abuse	☐	Drug Abuse	☐	Both Alcohol & Drug Abuse

If yes,

Long Term?

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

DOMESTIC VIOLENCE VICTIM/SURVIVOR

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

If yes, last occurrence (please check one):

☐	Within the past three months?	☐	Three to six months, excluding six months exactly	☐	Six months to one year, excluding one year exactly
☐	One year or More	☐	Client Doesn't Know	☐	Client Refused
☐	Data Not Collected				

Are you currently fleeing?

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

INCOME FROM ANY SOURCE

Have you received income from any source?

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

If yes to income from any source, please check source(s):

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
☐	☐	Unemployment Insurance	$	☐	☐	VA Non-Service Connected Disability ension	$
☐	☐	Worker's Compensation	$	☐	☐	Pension or Retirement Income from a ormer Job	$
☐	☐	Private Disability Insurance	$	☐	☐	Temporary Assistance for Needy Families ANF)	$

☐	☐	VA Service-Connected Disability Compensation	$	☐	☐	General Assistance (GA)	$
☐	☐	Social Security Disability Insurance (SSDI)	$	☐	☐	Alimony and Other Spousal Support	$
☐	☐	Supplemental Security Income (SSI)	$	☐	☐	Child Support	$
☐	☐	Retirement Income from Social Security	$	☐	☐	Other Cash Income*	$

Source/Amount of Other Cash Income:

_____

NON-CASH BENEFITS

Have you received non-cash benefits from any source?

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

If yes to Non-Cash benefits, please check source(s)

No	Yes	Source of Benefit	No	Yes	Source of Benefit
☐	☐	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	SANF Child Care services (or use local name)	☐	☐	Temporary Assistance for Needy Families (TANF)
☐	☐	TANF transportation services (or use local name)	☐	☐	Other TANF funded Services (or use local name)
☐	☐	Section 8, public housing, or other ongoing rental assistance	☐	☐	Temporary rental assistance
☐	☐	Other Source	Specify Other Source:		

HEALTH INSURANCE INFORMATION

Covered by health insurance?

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

If yes, please check.

NO	YES	Health Insurance Providers	NO	YES	Health Insurance Providers
☐	☐	MEDICAID	☐	☐	Health Insurance obtained through COBRA
☐	☐	MEDICARE	☐	☐	Private Pay Health Insurance

☐	☐	**State Children's Health Insurance Program (or use local name)**	☐	☐	**State Health Insurance for Adults (or use local name)**
☐	☐	**Veteran's Administration (VA) Medical Services**	☐	☐	**Indian Health Services Program**
☐	☐	**Employer – Provided Health Insurance**	☐	☐	**Other (please specify)**