



HMIS Path Program Intake Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

Agency Name: _____

Is this Enrollment COVID-19 related? No Yes

PROJECT START DATE [All Clients]

		-			-				
Month		Day			Year				

SOCIAL SECURITY NUMBER [All Clients]

			-			-			
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QUALITY OF SOCIAL SECURITY			
0	Full SSN reported	0	Client doesn't know
		0	Client refused
0	Approximate or partial SSN reported	0	Data not collected

CURRENT NAME [All Clients]																	N/A	
Last																		0
First																		
Middle																		
Suffix																		

QUALITY OF CURRENT NAME			
0	Full name reported	0	Client doesn't know
0	Partial, street name, or code name reported	0	Client refused
		0	Data not collected

DATE OF BIRTH [All Clients]

		-			-					Age:
Month			Day			Year				

QUALITY OF DATE OF BIRTH

<input type="checkbox"/>	Full DOB reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial DOB reported	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

GENDER [All Clients]

<input type="checkbox"/>	Female	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Male	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Transgender		
<input type="checkbox"/>	Questioning		

RACE (Select all applicable) [All Clients]

<input type="checkbox"/>	American Indian, Alaskan Native, or Indigenous	<input type="checkbox"/>	Client does not know
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Data Not Collected
<input type="checkbox"/>	Hawaiian or Pacific Islander		
<input type="checkbox"/>	White/Caucasian		

ETHNICITY [All Clients]

<input type="checkbox"/>	Non-Hispanic/ Non-Latin(o)(x)(a)	<input type="checkbox"/>	Client does not know
		<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Hispanic/Latin(o)(a)(x)	<input type="checkbox"/>	Data Not Collected
		<input type="checkbox"/>	Other

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)			
Year separated from military service (year)			
Theater of Operations: World War II			
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

Theater of Operations: Korean War			
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

Theater of Operations: Vietnam War			
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)			
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

Theater of Operations: Afghanistan (Operation Enduring Freedom)			
0	No	0	Client doesn't know
0	Yes	0	Client refused

		0	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
Theater of Operations: Other peace keeping operations or military interventions(such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
Branch of the Military			
0	Army	0	Coast Guard
0	Air Force	0	Client doesn't know
0	Navy	0	Client refused
0	Marines	0	Data not collected
Discharge Status			
0	Honorable	0	Dishonorable
0	General under honorable conditions	0	Uncharacterized
0	Other than honorable conditions (OTH)	0	Client doesn't know
		0	Client refused
0	Bad Conduct	0	Data not collected
RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]			
0	Self	0	Head of household - other relation to member
0	Head of household's child		
0	Head of household's spouse or partner	0	Other: non-relation member

CONNECTION WITH SOAR [*Heads of Households and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

LAST PERMANENT ADDRESS

Street Address														
City														
State								Zip Code						

QUALITY OF ADDRESS

<input type="radio"/>	Full address reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

PRIOR LIVING SITUATION

TYPE OF RESIDENCE

[*Head of Household and Adults*]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy

0	Substance use treatment facility or detox center	0	Rental by client, with other ongoing housing subsidy
0	Residential project or halfway house with no homeless criteria	0	Owned by client, with ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, no ongoing housing subsidy
0	Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
0	Host Home (non-crisis)	0	Client refused
0	Staying or living in a friend's room, apartment or house	0	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client refused
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

0	No	0	Yes
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LENGTH OF STAY LESS THAN 90 DAYS

[Institutional Housing Situations]

0	No	0	Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

0	Yes	0	No
Approximate Date Homelessness Started		____ / ____ / ____	
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years			
0	One Time	0	Client doesn't know
0	Two Times	0	Client refused
0	Three Times	0	Data not collected

0	Four or More Times		
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years			
0	One month (this time is the first month)	0	Client doesn't know
0	2--12 months (specify number of months): _____	0	Client refused
0	More than 12 months	0	Data not collected

WHEN CLIENT WAS ENGAGED

Date of Engagement: [Adults and Head of Household]	____ / ____ / _____
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PATH STATUS [Adults and Head of Household]

Date of Status Determination	____ / ____ / _____	
Client Became Enrolled in PATH	0	No
	0	Yes
IF "NO" TO ENROLLED IN PATH		
Reason Not Enrolled	0	Client was found ineligible for PATH
	0	Client was not enrolled for other reason(s)
	0	Unable to locate client

DISABLING CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

HIV-AIDS *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF “YES” TO MENTAL HEALTH CONDITION – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

0	No	0	Both alcohol and drug use disorder
0	Alcohol use disorder	0	Client doesn't know
		0	Client refused
0	Drug use disorder	0	Data not collected

IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDER” – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF “YES” TO DOMESTIC VIOLENCE

WHEN EXPERIENCE OCCURRED

0	Within the past three months	0	One year ago or more		
0	Three to six months ago (excluding six months exactly)	0	Client doesn't know		
		0	Client refused		
0	Six months to one year ago (excluding one year exactly)	0	Data not collected		
Are you currently fleeing?		0	No	0	Client doesn't know
		0	Yes	0	Client refused
				0	Data not collected

MONTHLY INCOME AND SOURCES [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY				
Income Source		Amount	Income Source	Amount
<input type="radio"/>	Earned Income (e.g., employment income)		<input type="radio"/>	Temporary Assistance for Needy Families (TANF)
	Current Employer:		<input type="radio"/>	General Assistance (GA)
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	Retirement Income from Social Security
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Pension or Retirement Income from a Former Job
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Child Support
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Alimony and Other Spousal Support
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Worker's Compensation
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Other Source:
Total Monthly Income for Individual:				

RECEIVING NON-CASH BENEFITS [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

CONTACT INFORMATION

Contact Type										
Email										
Phone										
Phone (#2)										

Signature of applicant stating all information is true and correct

Date

