

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.

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 prefers not to answer
0	Approximate or partial SSN reported	0	Data not collected

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

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

DATE OF BIRTH [All Clients]

		•			•						Age:
Month			Day			Year					

QUALITY OF DATE OF BIRTH			
0	Full DOB reported	0	Client doesn't know
		0	Client prefers not to answer
0	Approximate or partial DOB reported	0	Data not collected

GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client prefers not to answer
0	Transgender	0	Data not collected
0	Questioning		
0	Culturally Specific Identity (e.g., Two-Spirit)		
0	Non-Binary		
0	Different Identity (please specify):		

RACE (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White
0	Asian or Asian American	0	Client does not know
0	Black, African American, or African	0	Client prefers not to answer
0	Native Hawaiian or Pacific Islander	0	Data Not Collected
0	Hispanic/Latina/e/o		
0	Middle Eastern of North African		
0	Additional Race and Ethnicity Detail:		

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		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 prefers not to answer
		0	Data not collected

Theater of Operations: Korean War

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

Theater of Operations: Vietnam War

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		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 prefers not to answer
		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 prefers not to answer
0	Marines	0	Data not collected
0	Space Force		
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 prefers not to answer
0	Bad Conduct	0	Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	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 prefers not to answer
		<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"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:

<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected
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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
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Approximate Date this Episode of Homelessness Started

____ / ____ / ____

Number of *times* 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 prefers not to answer
0	Three Times	0	Data not collected
0	Four or More Times		

Total Number of *Months* 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 prefers not to answer
0	More than 12 months	0	Data not collected

WHEN CLIENT WAS ENGAGED
Date of Engagement: *[Adults and Head of Household]*

____ / ____ / ____

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 prefers not to answer
		0	Data not collected

PHYSICAL DISABILITY *[All Clients]*

0	No	0	Client doesn't know
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0	Yes	0	Client prefers not to answer
		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 prefers not to answer
			0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		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 prefers not to answer
			0	Data not collected

HIV-AIDS [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO MENTAL HEALTH 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 prefers not to answer
			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders
0	Alcohol use disorder	0	Client doesn't know

	0	Client prefers not to answer
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0	Drug use disorder	0	Data not collected	
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – 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 prefers not to answer
			0	Data not collected

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

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED					
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 prefers not to answer		
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 prefers not to answer
				0	Data not collected

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

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or Retirement Income from a Former Job	
0	VA Service-Connected Disability Compensation		0	Child Support	
0	VA Non-Service-Connected Disability Pension		0	Alimony and Other Spousal Support	
0	Private Disability Insurance		0	Other Income source <i>(specify):</i>	
0	Worker's Compensation				

Total Monthly Income for Individual:	
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RECEIVING NON CASH BENEFITS [*Head of Household and Adults*]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

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

0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (Specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		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	Veterans Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

ZIP CODE of LAST KNOWN ADDRESS

Signature of applicant stating all information is true and correct
Date