

## 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

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>		<input type="radio"/>	Data not collected

### CURRENT NAME [All Clients]

																N/A	
Last																	<input type="radio"/>
First																	<input type="radio"/>
Middle																	<input type="radio"/>
Suffix																	<input type="radio"/>

### QUALITY OF CURRENT NAME

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

### DATE OF BIRTH [All Clients]

		.			.					Age:
Month			Day			Year				

### QUALITY OF DATE OF BIRTH

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

### GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
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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**

<b>Year entered military service (year)</b>		
<b>Year separated from military service (year)</b>		

**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
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0	Yes	0	Client prefers not to answer
		0	Data not collected
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
<b>Branch of the Military</b>			
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		
<b>Discharge Status</b>			
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]**

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]**

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

**PRIOR LIVING SITUATION**
**TYPE OF RESIDENCE**
*[Head of Household and Adults]*

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	Staying or living in a family member's room, apartment or house
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Rental by client, with GPD TIP housing subsidy
0	Safe Haven	0	Rental by client, with VASH housing subsidy
0	Foster care home or foster care group home	0	Permanent housing (other than RRH) for formerly homeless persons
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with RRH or equivalent subsidy
0	Jail/prison, or juvenile detention facility	0	Rental by client, with HCV voucher (tenant or project based)
0	Long-term care facility or nursing home	0	Rental by client in a public housing unit
0	Psychiatric hospital or other psychiatric facility	0	Rental by client, no ongoing housing subsidy
0	Substance abuse 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 prefers not to answer
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 prefers not to answer

0	One week or more, but less than one month	0	One year or longer	0	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 Homelessness Started**

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**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]*

<b>Date of Status Determination</b>		___/___/___	
Client Became Enrolled in PATH	0	No	
	0	Yes	
<b>IF "NO" TO ENROLLED IN PATH</b>			
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

0	Drug use disorder	0	Data not collected
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>			
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

**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	
<b>IF "YES" TO DOMESTIC VIOLENCE</b>				
<b>WHEN EXPERIENCE OCCURRED</b>				
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		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>					
<b>Income Source</b>		<b>Amount</b>	<b>Income Source</b>		<b>Amount</b>
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 (specify):	
0	Worker's Compensation				
<b>Total Monthly Income for Individual:</b>					



**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 ( <b>Specify</b> ):	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**


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**Signature of applicant stating all information is true and correct**
**Date**