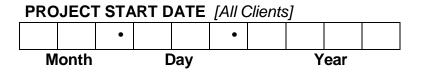


# **HMIS Path Program Intake Form**

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.



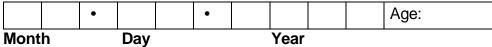
# SOCIAL SECURITY NUMBER [All Clients]



QUA	QUALITY OF SOCIAL SECURITY								
		0	Client doesn't know						
0	Full SSN reported	^	Client prefers not to						
		0	answer						
0	Approximate or partial SSN reported	0	Data not collected						

CURRENT NAME [All Clients]													N/A						
Las	st																		
Fire	st																		0
Middle																		0	
Suf	Suffix									0									
QUALITY OF CURRENT NAME																			
0	Full na	me re	porte	d										0	Clie	nt do	esn't	know	
0	Partial, street name, or code name reported								Partial street name or code name reported				0	Clie ans	-	efers	not to		
									0	Data not collected									





QL	QUALITY OF DATE OF BIRTH								
0	Full DOB reported	0	Client doesn't know						
0	Approximate or partial DOB reported	0	Client prefers not to answer						
•		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 "YE	S" TO VETERAN STATUS		
Year e	entered military service (year)		
Year s	eparated from military service (year)		
Theat	er of Operations: World War II		
0	No	0	Client doesn't know
0	0 Yes		Client prefers not to answer
		0	Data not collected
Theate	er of Operations: Korean War		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Theat	er of Operations: Vietnam War		
0	No	0	Client doesn't know



0	Yes		0	Client prefers not to answer		
				0	Data not collected	
Theat	er 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			
Theat	er of Operations: Afghanistan (Operation Enduring Fre	edon	n)			
0	No			0	Client doesn't know	
0	Yes			0	Client prefers not to answer	
				0	Data not collected	
Theat	er 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	
Theat	er of Operations: Iraq (Operation New Dawn)					
0	No			0	Client doesn't know	
0	• Yes				Client prefers not to answer	
				0	Data not collected	
	er of Operations: Other peace•keeping operations or n as Lebanon, Panama, Somalia, Bosnia, Kosovo)	nilitar	y interven	tion	S	
0	No			0	Client doesn't know	
0	Yes			0	Client prefers not to answer	
				0	Data not collected	
Branc	h of the Military					
0	Army	0	Coast Gua	ard		
0	Air Force	0	Client doe	sn't	know	
0	Navy	Client pref	fers	not to answer		
0	Marines	Data not c	ollec	oted		
0	Space Force					
Disch	arge Status					
0	Honorable	0	Dishonora	ble		
0	General under honorable conditions	0	Uncharact	erize	ed	
^	Other than honorable conditions (OTH)	0	Client doesn't know			
0	Other than honorable conditions (OTH)	0	-		not to answer	
0	Bad Conduct Data not coll				cted	



# RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]

0	Self		Head of household - other relation to			
0	Head of household's child	0	member			
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
U		0	Data not collected

#### PRIOR LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults]

0	Place not meant for habitation (e.g., abandoned building, bus/train/subwa anywhere outside)	0			ing in a family member's nent or house			
0	Emergency shelter, including hotel of with emergency shelter voucher, or h	0	Rental subsidy		nt, with GPD TIP housing			
0	Safe Haven			0	Rental by client, with VASH housing subsidy			
0	Foster care home or foster care grou	ıp hor	ne	0			ousing (other than RRH) omeless persons	
0	Hospital or other residential non•-psy facility	chiat	ric medical	0	Rental subsidy		nt, with RRH or equivalent	
0	Jail/prison, or juvenile detention facility						nt, with HCV voucher ject based)	
0	Long-term care facility or nursing home				Rental	by clie	nt in a public housing unit	
0	Psychiatric hospital or other psychiatric facility				Rental by client, no ongoing housing subsidy			
0	Substance abuse treatment facility or detox center				Rental by client, with other ongoing housing subsidy			
0	Residential project or halfway house with no homeless criteria				Owned by client, with ongoing housing subsidy			
0	Hotel or motel paid for without emerg voucher	jency	shelter	0	Owned by client, no ongoing housing subsidy			
0	Transitional housing for homeless per homeless youth)	erson	s (including	0	Client doesn't know			
0	Host Home (non-crisis)			0	Client p	refers	not to answer	
0	Staying or living in a friend's room, apartment, or house				Data not collected			
LEN	IGTH OF STAY IN PRIOR LIVING	SITU	JATION					
0	One night or less	0	One month o less than 90		e, but	0	Client doesn't know	
0	Two to six nights	0	90 days or m less than one			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

# ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

0	Yes	0	No					
Appr	Approximate Date Homelessness Started/ /							
Num	Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years							
0	One Time One Time Client doesn't know							
0	Two Times				Client prefers not to answer			
0	Three Times				Data not collected			
0	Four or More Times							
Total	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	ר)		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]	/
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#### PATH STATUS [Adults and Head of Household]

Date of Status Determination		/
Client Became Enrolled in PATH		No
		Yes
IF "NO" TO ENROLLED IN PATH		
		Client was found ineligible for PATH
Reason Not Enrolled	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
	Yes	0	Client prefers not to answer
0		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	
L				0	Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY					
		0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		0	Yes	0	Client prefers not to answer
		Ŭ		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]

• <b>No</b>					Client doesn't know
• Yes				0	Client prefers not to answer
					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		
					Client prefers not to answer
0	Yes			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



Drug use disorder	0	Data not c	ollect	ed			
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY							
	0	No	0	Client doesn't know			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		Yes	0	Client prefers not to answer			
			0	Data not collected			

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

0	No			0	0 Client doesn't know		
0	• Yes			0	Client prefers not to answer		
				0	Data not collected		
IF	"YES" TO DOMESTIC VIOLENCE						
W	WHEN EXPERIENCE OCCURRED						
0	Within the past three months	0	One year ago or more				
<u>,</u>			Client doesn't know				
0	Three to six months ago (excluding six months exactly)	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		
				0	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 - INDI	CATE AL	LSO	JRCES TH	AT A	PPLY		
Income Source Amount Income S		ome 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 Sup	port			
0	VA Non-Service-Connected Disability Pension		0	Alimony and Other Spousal Support				
0	Private Disability Insurance		0	Other Inc	ome	source		
0	Worker's Compensation			(specify):				
Tot	al Monthly Income for Individual:							



# RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know
• Yes	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		
	• Yes			Client prefers not to answer		
0				Data not collected		
IF '	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAG			TAILS		
0	MEDICAID	0	Employe	r 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 Ind			Indian Health Services Program		

## ZIP CODE of LAST KNOWN ADDRESS

Signature of applicant stating all information is true and correct Date