MSCCoC_MIS PATH Program End

Community Alliance for the Homeless | Management Information Systems | Tanyce McCray-Davis | MIS Director/System Admin II
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FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household.

Date of Data Collection: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

Client ID: ☐☐☐☐☐☐☐

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) [All clients]

First Name:	
Middle Name:	
Last Name:	
Suffix:	
Alias:	

Social Security Number: [All clients] ☐☐☐-☐☐-☐☐☐☐

Date of Birth: (e.g., 10/23/1978) [All clients] ☐☐/☐☐/☐☐☐☐

DESTINATION

☐	Deceased (HUD)	☐	Owned by client, with ongoing housing subsidy (HUD)	☐	Residential project or halfway house with no homeless criteria (HUD)
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	☐	Permanent housing for formerly homeless persons (HUD)	☐	Safe Haven (HUD)Staying or living with family, permanent tenure (HUD)
☐	Foster care home or foster care group home (HUD)	☐	Place not meant for habitation (HUD)	☐	Staying or living with family, temporary tenure (e.g., room, apartment or house)(HUD)
☐	Hospital or other residential non-psychiatric medical facility(HUD)	☐	Psychiatric hospital or other psychiatric facility (HUD)	☐	Staying or living with friends, permanent tenure (HUD)
☐	Hotel or motel paid for without emergency shelter voucher (HUD)	☐	Rental by client, no ongoing housing subsidy (HUD)	☐	Staying or living with friends, temporary tenure (e.g., room apartment or house) (HUD)
☐	Jail, prison or juvenile detention facility (HUD)Longterm care facility or nursing home (HUD)	☐	Rental by client, with VASH subsidy (HUD)	☐	Substance abuse treatment facility or detox center (HUD)
☐	Moved from one HOPWA funded project to HOPWAPH (HUD)	☐	Rental by client, with GPD TIP subsidy (HUD)	☐	Transitional housing for homeless persons (including homeless youth) (HUD)
☐	Moved from one HOPWA funded project to HOPWA TH (HUD)	☐	Rental by client, with other ongoing housing subsidy (HUD)	☐	Other (HUD)
☐	No exit interview completed (HUD)	☐	Client refused (HUD)	☐	Staying in a family member's apartment/house/room
☐	Client doesn't know (HUD)	☐	Data not collected (HUD)	☐	Permanent: Moved in with family or friends
☐	If "Other", Specify				

INCOME & SOURCES *PROOF NEEDED*

What is the Household total monthly income?

$_____

Have you received income from any source? ☐ No ☐ Yes

If yes for "Income from any source:

Indicate all sources and dollar amounts for the source that apply:

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
☐	☐	Earned income (i.e. employment income)	$	☐	☐	Worker's Compensation	$
☐	☐	Supplemental Security Income (SSI)	$	☐	☐	Temporary Assistance for Needy Families (TANF)	$
☐	☐	Social Security Disability Income (SSDI)	$	☐	☐	General Assistance (GA)	$
☐	☐	VA Service Connected Disability Compensation	$	☐	☐	VA Non Service Connected Disability Pension	$
☐	☐	Retirement Income from Social Security	$	☐	☐	Responses Pension or retirement income from a former job	$
☐	☐	Private disability insurance	$	☐	☐	Child support	$
☐	☐	Unemployment Insurance	$	☐	☐	Alimony and other spousal support	$
☐	☐	Other Source (specify	$				

NON-CASH BENEFITS *PROOF NEEDED*

Have you received non-cash benefits from any source? ☐No ☐Yes

If yes for non-cash benefits from any source and dollar amounts for the source that apply:

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 unded Services (or use local name)
☐	☐	Section 8, public housing, or other ongoing rental assistance	☐	☐	Temporary rental assistance
☐	☐	Other Source	If yes to "Other" Source, please specify		

DISABILITY INFORMATION *PROOF NEEDED*

Does client have a disability?

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

ALCOHOL ABUSE

☐	No	☐	Yes	Date Information Collected:			/			/				

Month Day Year

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

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

Is there Documentation of the disability and severity on file?

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

Currently receiving services/treatment for this disability?

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

CHRONIC HEALTH CONDITION

☐	No	☐	Yes	Date Information Collected:			/			/									
							Month			Day						Year			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

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

Is there Documentation of the disability and severity on file?

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

Currently receiving services/treatment for this disability?

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

DEVELOPMENTAL DISABILITY

☐	No	☐	Yes	Date Information Collected:			/			/									
							Month			Day						**Year**			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

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

Is there Documentation of the disability and severity on file?

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

Currently receiving services/treatment for this disability?

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

HIV/AIDS

☐	No	☐	Yes	Date Information Collected:			/			/									
							Month			Day						Year			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

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

Is there Documentation of the disability and severity on file?

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

Currently receiving services/treatment for this disability?

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

MENTAL HEALTH CONDITION

☐	No	☐	Yes	Date Information Collected:			/			/									
							Month			Day						Year			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

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

Is there Documentation of the disability and severity on file?

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

Currently receiving services/treatment for this disability?

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

PHYSICAL CONDITION

☐	No	☐	Yes	Date Information Collected:			/			/				
							Month			Day			Year	

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

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

Is there Documentation of the disability and severity on file?

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

Currently receiving services/treatment for this disability?

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

INSURANCE INFORMATION *PROOF NEEDED*

Covered by health insurance?

☐	No	☐	Yes	Date Information Collected:			/			/				

HEALTH INSURANCE PROVIDERS

NO	YES		NO	YES	
☐	☐	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
☐	☐	Veteran's Administration (VA) Medical Services	☐	☐	Other
☐	☐	Employer – Provided Health Insurance			

OUTREACH

Date of Engagement:

		/			/				
Month			Day			Year			

Date of PATH status determination:

		/							
Month			Day			Year			

Enrolled in Path

☐	No	☐	Yes

If No, reason not enrolled

☐	Client was for ineligible for PATH	☐	Client was enrolled for other reasons

Connection with SOAR

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