HMIS Project Type = PATH: Update – for ADULTS **HMIS ID #: _____**

Client's Name: _____

EXIT DATE: _____/_____/_____ **Project Name: _____**

Date of Engagement: _____/_____/_____

Date of PATH Status Determination: _____/_____/_____

Client Enrolled in PATH: _____Yes _____No

Reason for Not Enrolling in PATH:
____Client found ineligible for PATH ____Client was not enrolled for other reasons ____ Unable to Locate Client

Connection to SOAR?
_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Does client have a disability of long duration (check 1 and complete grid below):

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

DISABILITY DETAIL Circle for each disability type**: Y=Yes N=No DK=Doesn't Know PNA= Prefers not to answer**

Disability Type	Has disability	**IF YES:**	Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently
Alcohol use disorder	Y N DK PNA		Y N DK PNA
Drug use disorder	Y N DK PNA		Y N DK PNA
Both alcohol and drug use disorders	Y N DK PNA		Y N DK PNA
Chronic health condition	Y N DK PNA		Y N DK PNA
Developmental disability	Y N DK PNA		Y N DK PNA
HIV/AIDS	Y N DK PNA		Y N DK PNA
Mental health disorder	Y N DK PNA		Y N DK PNA
Physical disability	Y N DK PNA		Y N DK PNA

Covered by health insurance (check 1 and complete grid below):
_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Insurance Type	Yes	No	Insurance Type	Yes	No
MEDICAID			Employer-provided insurance		
MEDICARE			Health insurance through COBRA		
State children's health insurance			Private pay health insurance		
Veteran's Health Administration (VHA)			State health insurance for adults		
Indian Health Services Program			Other:_____		

Last Grade Completed:
_____ Less than Grade 5
_____ Grades 5-6
_____ Grades 7-8
_____ Grades 9-11
_____ Grade 12 / High School Diploma
_____ School does not have grade levels
_____ GED
_____ Some College
_____ Associate's Degree
_____ Bachelor's Degree
_____ Vocational Certification
_____ Client doesn't know
_____ Client prefers not to answer

Employed?
_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Income from any source?
_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Total Monthly CASH income
(write in total $ amount and complete grid below): **TOTAL $_____**

Receives Income Sources:	**Yes**	**Monthly $ Amount**	**No**	**Not Collected**
Alimony or other spousal support				
Child support				
Earned income				
General assistance				
Pension or retirement income from a job				
Private disability insurance				
Retirement income from social security				
Social Security Disability Insurance (SSDI)				
Supplemental Security Income (SSI)				
TANF (FIP)				
Unemployment Insurance				
VA Non-service connected disability pension				
VA service-connected disability compensation				
Worker's Compensation				
Other (specify):				

Non-cash benefits from any source (check one and complete grid below):
_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Receives the following Non-cash Benefit Types:	**Yes**	**No**	**Not Collected**
Supplemental Nutrition Assistance Program (SNAP) (food stamps)			
Special Supplemental Nutrition for Women, infants, children (WIC)			
TANF Child Care services			
TANF transportation services			
Other TANF-funded services			
Other (specify):			

ONLY FOR Street Outreach:

Date of Contact: _____/_____/_____

Staying on Streets, ES or SH: _____Yes _____No _____ Worker unable to determine

Date of Engagement: _____/_____/_____