PATH Entry Assessment for Supportive Services

Please complete for each household member Date:

First Name	Middle Name	Last Name

SS#	Telephone number and/or email

Date of Birth		
	☐ Full DOB	☐ Appproximate/Partial

Relationship to Head of Houshold

☐ Self (Head of Household) ☐ Head of household's child ☐ Head of household's spouse or partner
☐ Head of Household's other relation member ☐ Other: Non-relation member

Race and Ethnicity

☐ American Indian, Alaska Native, or Indigenous ☐ Hispanic/Latina/e/o
☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander
☐ Middle Eastern or North African ☐ White ☐ Asian or Asian American
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Sex

☐ Male ☐ Client prefers not to answer ☐ Client doesn't know ☐ Client prefers not to answer

Veteran Status

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

Survivor of Domestic Violence?

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

If Yes

☐ Within the past three months ☐ One year ago or more ☐ Currently fleeing
☐ Three to six months ago (excluding six months exactly) ☐ Client doesn't know
☐ Six months to one year ago (excluding one year exactly) ☐ Client prefers not to answer

Enrollment CoC

☐ VA-500 Richmond ☐ VA-513 Western CoC ☐ VA-521 Balance of State ☐ VA-514 Fredericksburg

Translation Assistance Needed

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

If yes, Preferred Language

Locality of Last Residence (City)	Zip Code

Emergency Contact Name	Telephone Number	Relationship to Client

Emergency Contact Address	City, State, Zip

Prior Living Situation

On the night before did you stay on the streets, ES or SH?

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

If yes, did you stay less than 90 Days?

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

if yes, Did you stay less than 7 nights?

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

Length of Time Homeless - Status Documented?

☐ No ☐ Yes

Pick only 1 option that applies appropriately to client's residence prior to entry

Prior Living Situation **OPTION 1** - Entering Program from Homeless Situation

☐ Emergency shelter (to include hotel paid voucher) ☐ Place not meant for habitation ☐ Safe Haven

Length of stay in previous place: Check only one

☐ 1 night or less	☐ 1 month or more, but less than 90 days	☐ Client doesn't know
☐ 2 nights to 6 nights	☐ 90 days or more, but less than 1 year	☐ Client prefers not to answer
☐ 1 week or more, but less than 1 mo.	☐ 1 year or longer	☐ Data not collected

Approximate date this episode homelessness started

Total number of month's client has been on street, ES, or SH 3 years: Check only one

☐ 1 month, this is the first month	☐ 5	☐ 9	☐ more than 12 months
☐ 2	☐ 6	☐ 10	☐ Client doesn't know
☐ 3	☐ 7	☐ 11	☐ Client prefers not to answer
☐ 4	☐ 8	☐ 12	☐ Data not collected

Prior Living Situation **OPTION 2** - Entering Program from Institutional Situation

☐ Foster Care/group home	☐ Hospital or non-psychiatric facility
☐ Jail/Prison or Juvenile Facility	☐ Long term care facility/nursing home
☐ Psychiatric hospital	☐ Substance abuse treatment facility/detox

Length of stay in previous place: Check only one

☐ 1 night or less	☐ 1 month or more, but less than 90 days	☐ Client doesn't know
☐ 2 nights to 6 nights	☐ 90 days or more, but less than 1 year	☐ Client prefers not to answer
☐ 1 week or more, but less than 1 mo.	☐ 1 year or longer	☐ Data not collected

Prior Living Situation **OPTION 3** - Residence prior to Entry: Temporary

☐ Transitional housing for homeless persons(including homeless youth)
☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Host Home (non-crisis)
☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)
☐ Staying orliving with friends,temporary tenure (e.g.,room, apartment, or house)
☐ Moved from one HOPWA funded project to HOPWA TH
☐ Staying or living in a friend's room, apartment, or house
☐ Staying or living in a family member's room, apartment, or house

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Prior Living Situation **OPTION 4** - Residence prior to Entry: Permanent

- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing housing subsidy *
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*** If Rental by client, with ongoing housing subsidy**

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV voucher (tenant or project based) (not dedicated)
- ☐ Public housing unit
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Housing Stability Voucher
- ☐ Family Unification Program Voucher (FUP)
- ☐ Foster Youth to Independence Initiative (FYI)
- ☐ Permanent Supportive Housing
- ☐ Other permanent housing dedicated for formerly homeless persons

HUD Verification

Receiving Income from any source?

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

Please indicate source(s) and amount of income or select No for each source

Alimony or other spousal support	☐ No	☐ Yes	$
Earned Income	☐ No	☐ Yes	$
Unemployment Insurance	☐ No	☐ Yes	$
Private Disability Insurance	☐ No	☐ Yes	$
Retirement Income Social Security	☐ No	☐ Yes	$
TANF	☐ No	☐ Yes	$
Child support	☐ No	☐ Yes	$
General Assistance	☐ No	☐ Yes	$
SSI	☐ No	☐ Yes	$
SSDI	☐ No	☐ Yes	$
Other	☐ No	☐ Yes	$
Pension/retirement from a former job	☐ No	☐ Yes	$
VA Non-service connected disability pension	☐ No	☐ Yes	$
VA Service connected disability compensation	☐ No	☐ Yes	$
Veteran's Health Administration (VHA)	☐ No	☐ Yes	$

Receiving Non-cash benefits from any source?

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

Please indicate source(s) of non-cash benefits or select No for each source

TANF transportation services	☐ No	☐ Yes		SNAP – Food stamps	☐ No	☐ Yes	
Other TANF-funded service	☐ No	☐ Yes		WIC	☐ No	☐ Yes	
TANF child care services	☐ No	☐ Yes		Other Source	☐ No	☐ Yes	

Receiving Health Insurance from any source?

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

Please indicate source(s) of health insurance or select No for each source

Medicaid	☐ No	☐ Yes		Medicare	☐ No	☐ Yes	
Veteran's Health Administration	☐ No	☐ Yes		Employer provided Health Insur.	☐ No	☐ Yes	
State Children's Health Insurance	☐ No	☐ Yes		COBRA	☐ No	☐ Yes	
Private Pay Health Insurance	☐ No	☐ Yes		State Health Insurance for Adults	☐ No	☐ Yes	
Indian Health Insurance	☐ No	☐ Yes		Other	☐ No	☐ Yes	

Disabling Condition?

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

Please indicate disabling condition or select No for each type

Physical Disability	☐ No	☐ Yes		Alcohol Use Disorder	☐ No	☐ Yes	
Both alcohol and drug use disorders	☐ No	☐ Yes		Drug Use Disorder	☐ No	☐ Yes	
Developmental Disability	☐ No	☐ Yes		Mental Health Disorder	☐ No	☐ Yes	
Chronic Health Condition	☐ No	☐ Yes		HIV/AIDS	☐ No	☐ Yes	

Pregnant?

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

If yes, projected birth date

Date of PATH Status Determination	**Alter. ID number from ERH (Richmond)**

Client Became Enrolled in PATH

☐ No ☐ Yes

If no,

☐ Client was found ineligible for PATH ☐ Unable to locate client

☐ Client was not enrolled for other reason(s)

Connection with SOAR

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

Employed

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

Richmond Only

Legal Status

- ☐ 001 Voluntary
- ☐ 002 Involuntary Civil
- ☐ 003 Involuntary Criminal
- ☐ 004 Involuntary Juvenile Court
- ☐ 006 Involuntary Criminal: NGRI
- ☐ 007 Involuntary Criminal: Sex Offender
- ☐ 008 Involuntary Criminal: Transfer
- ☐ 009 Treatment Ordered: Conditional Release
- ☐ 010 Treatment Ordered: Diversion
- ☐ 011 Treatment Ordered: Probation
- ☐ 012 Treatment Ordered: Parole
- ☐ 097 Unknown
- ☐ 098 Not Collected

Has co-occurring substance use disorders?

☐ No ☐ Yes

Diagnosis code

- ☐ Z590 Homelessness
- ☐ Inadequate housing

Referral Source for PATH

- ☐ 001 Self
- ☐ 002 Family/Friend
- ☐ 006 Developmental Services Care Provider
- ☐ 007 School
- ☐ 008 Employer or EAP
- ☐ 009 ASAP or DUI Program
- ☐ 010 Police
- ☐ 011 Local Correctional Facility
- ☐ 012 State Correctional Facility
- ☐ 014 Probation Office
- ☐ 015 Parole Office
- ☐ 016 Other Community Referral
- ☐ 017 Private Hospital
- ☐ 018 Private Physician
- ☐ 019 Private MH Outpatient
- ☐ 020 State MH Outpatient
- ☐ 021 State Hospital
- ☐ 022 State Training Center
- ☐ 023 Non-Hospital SA Care Provider
- ☐ 024 Court
- ☐ 025 DSS
- ☐ 027 Other VA CSB
- ☐ 028 DRS
- ☐ 029 DSS TANF caseworker
- ☐ 030 DSS not TANF
- ☐ 031 DJJ

Medicare Number

Addiction Information

Type	Frequency of use	Method of use	Start Date	End Date
Type	Frequency of use	Method of use	Start Date	End Date
Type	Frequency of use	Method of use	Start Date	End Date
Type	Frequency of use	Method of use	Start Date	End Date

I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information may result in delay of assistance.

Signature:	Date: