

VT HMIS PATH Enrollment Form

HMIS Client ID: _____

Project Start Date: _____

Client Profile:

Household Information

First Name	Last Name	Relationship to HoH	SSN	Date of Birth	Race and Ethnicity
		SELF			

KEY:

- Race and Ethnicity:** American Indian, Alaska Native, or Indigenous = I; Asian or Asian American = A; Black, African American, or African = B; Hispanic/Latina/o = H/L; Middle Eastern or North African = M; Native Hawaiian or Pacific Islander = H; White = W; Additional Race and Ethnicity Detail = (please write in)

U.S Military Veteran?

☐ Yes ☐ No

Gender: *Optional, non-federal field*

Woman (Girl, if child) = W; Man (Boy, if child) = M; Culturally Specific Identity=CSI; Transgender = T; Non-Binary = NB; Questioning = Q; Different Identity = (please write in)

Client Contact Information:

Email Address: _____

Phone (#1) _____ Phone (#2) _____

Contact Date _____

Note: *With client permission, this would be a place to add emergency contact, alternative contact, mailing address, etc.*

Client Status / Assessment:

PATH Required:

Connection with SOAR	☐ Yes	☐ No
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Prior Living Situation:

Type of Residence:

----- HOMELESS SITUATIONS -----
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home
☐ Place not meant for habitation
----- INSTITUTIONAL SITUATIONS -----
☐ Foster care home or foster care group home

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☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison, or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center
--- TEMPORARY HOUSING SITUATIONS ---
☐ 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) room, apartment, or house
☐ Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOUSING SITUATIONS ---
☐ Staying or living with family (permanent)
☐ Staying or living with friends (permanent)
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with ongoing housing subsidy <i>(if selected, answer 'Rental Subsidy Type' below)</i>
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy

Rental Subsidy Type: *Answer if 'Rental by client, with ongoing housing subsidy' is selected.*

☐ 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)

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☐ Foster Youth to Independence Initiative (FYI)
☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons

Length of Stay in Prior Living Situation:

☐ One day or less	☐ One month or more, but less than 90 days
☐ Two Day to six nights	☐ 90 days or more, but then than one year
☐ One week or more, but less than one month	☐ One year or longer

Approximate Date This Episode of Homelessness Started: _____

Number of times on the streets, in ES, or Safe Haven in the past three years:

☐ One time	☐ Two times	☐ Three times	☐ Four or more times
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Total number of months homeless on the streets, in ES, or Safe Haven in the past 3 years:

☐ One month (This is first month)	☐ 4	☐ 7	☐ 10
☐ 2	☐ 5	☐ 8	☐ 11
☐ 3	☐ 6	☐ 9	☐ 12
			☐ More than 12 months

PATH Required Fields

Date of Engagement: *Answer for client when client has been engaged and record on the project enrollment screen*
 ____ / ____ / ____

Date of Status Determination: *Answer only once, when the enrollment status for the client has been determined. There should only be one date of status determination per project stay.*
 ____ / ____ / ____

Client Became Enrolled in PATH	☐ Yes ☐ No
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If NO to 'client became enrolled in PATH', reason not enrolled:

☐ Client was found ineligible for PATH	☐ Client was not enrolled for other reason(s)	☐ Unable to locate client
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Disabling Conditions and Barriers:

Does the client have a disabling condition? ☐ Yes ☐ No

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Disability Type	Disability Determination	If Yes, long term?
Alcohol Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Both Alcohol and Drug Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Drug Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
Developmental Disability	☐ Yes ☐ No	Automatically considered long term
Mental Health Disability	☐ Yes ☐ No	☐ Yes ☐ No
Physical	☐ Yes ☐ No	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No	Automatically considered long term

Survivor of Domestic Violence:

☐ Yes ☐ No

If Yes domestic violence survivor, when experience occurred:

☐ Within the past three months	☐ From six to twelve months ago
☐ Three to six months ago	☐ More than a year

If Yes for domestic violence survivor, are you currently fleeing? ☐ Yes ☐ No

Monthly Income:

Income from Any Source: ☐ Yes ☐ No

Total Monthly Income: _____

Source of Income	Receiving Income Source?		Monthly Amount
Alimony or Other Spousal Support	☐ Yes	☐ No	\$
Child Support	☐ Yes	☐ No	\$
Earned Income	☐ Yes	☐ No	\$
General Assistance	☐ Yes	☐ No	\$
Other	☐ Yes	☐ No	\$
Pension or retirement income from another job	☐ Yes	☐ No	\$
Private Disability Insurance	☐ Yes	☐ No	\$
Retirement Income from Social Security	☐ Yes	☐ No	\$
SSDI	☐ Yes	☐ No	\$

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SSI	☐ Yes	☐ No	\$
TANF – (VT Reach Up)	☐ Yes	☐ No	\$
Unemployment Insurance	☐ Yes	☐ No	\$
VA Non-Service Connected Disability Pension	☐ Yes	☐ No	\$
VA Service Connected Disability Compensation	☐ Yes	☐ No	\$
Workers Compensation	☐ Yes	☐ No	\$

Non-Cash Benefits:

Non-cash benefits from any source: ☐ Yes ☐ No

Source of Benefit	Receiving Benefit Source?	
Supplemental Nutrition Assistance Program (Food Stamps)	☐ Yes	☐ No
Special Supplemental Nutrition Program for WIC	☐ Yes	☐ No
TANF Child Services	☐ Yes	☐ No
TANF Transportation Services	☐ Yes	☐ No
Other TANF-Funded Services	☐ Yes	☐ No
Other Source	☐ Yes	☐ No

Health Insurance:

Covered by Health Insurance: ☐ Yes ☐ No

Source	Receiving?	
MEDICAID	☐ Yes	☐ No
MEDICARE	☐ Yes	☐ No
State Children's Health Insurance Program	☐ Yes	☐ No
Veteran's Health Administration (VHA)	☐ Yes	☐ No
Employer – Provided Health Insurance	☐ Yes	☐ No
Health Insurance obtained through Cobra	☐ Yes	☐ No
Private Pay Health Insurance	☐ Yes	☐ No
State Health Insurance for Adults	☐ Yes	☐ No
Indian Health Services Program	☐ Yes	☐ No

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Other	☐ Yes	☐ No
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Additional Information

Sex: *Answer for all household members (Adults and Children)*

☐ Male	☐ Female
☐ Client Doesn't Know	☐ Client Prefers Not to Answer
☐ Data Not Collected	

Current Living Situation:

PATH Providers use the Current Living Situation Assessment before clients are Enrolled in PATH

Date of Contact: *Answer for all clients included in the Current Living Situation Assessment*

____ / ____ / ____

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If Current Living is a 'homeless situation'

Location Details (optional): _____

If Current Living is a 'temporary or permanent situation'

Is Client going to have to leave their current living situation within 14 days? ☐ Yes ☐ No

If 'Yes' to 'is Client going to have to leave their current living situation within 14 days?' answer:

Has subsequent residence been identified?	☐ Yes ☐ No
Does the individual or family have resources or support networks to obtain other permanent housing?	☐ Yes ☐ No
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ Yes ☐ No
Has the client moved 2 or more times in the last 60 days?	☐ Yes ☐ No

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Location Details (optional): _____