

PATH Street Outreach Enrollment

Client ID #: _____

Head of Household Name: _____

Client Profile: *Complete for ALL Household Members*

Project State Date: _____	
Social Security Number (SSN): (write in SSN and check 1 data quality option): _____ <input type="checkbox"/> Full SSN <input type="checkbox"/> Approx. or partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Client's Name: (Write in name and check 1 data quality option): _____ <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Date of Birth (DOB): _____ <input type="checkbox"/> Full DOB <input type="checkbox"/> Client Doesn't Know (Write in DOB and check 1 data quality option): <input type="checkbox"/> Approx. or partial DOB <input type="checkbox"/> Client prefers not to answer	
Gender (check all that apply): <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Different Identity <input type="checkbox"/> Data not collected <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Client doesn't know	
Race and Ethnicity (check all that apply): <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> White <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Did you serve in the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Were you activated/deployed under Title 10 into Federal Active-Duty Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Year Entered Military Service (Year) _____	Separated (Year) _____
Branch of Military: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast guard <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Discharge Status: <input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Other under honorable conditions (OTH) <input type="checkbox"/> Bad conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Relationship to Head of Household: <input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member <input type="checkbox"/> Other: Non-relation member <input type="checkbox"/> Head of Household's Child <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

Connection with SOAR:

No Yes Client Doesn't Know Client prefers not to answer Data Not Collected

Prior Living Situation: *Answer for all household members (Adults and Children)*

Homeless Situation

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven

Institutional Situation

- Foster care home or foster care group home
- 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

Transitional and Permanent Housing Situation

- 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
- Home home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy (including RRH)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client doesn't know
- Client prefers not to answer
- Data not collected

If 'Rental by Client, with ongoing housing subsidy is chosen:

Rental Subsidy Type

- 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 housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Length of Stay at Prior Night Living Situation:

- One night or less
- Two to six nights
- 1 week or more, but less than 1 month
- One month or more, but less than 90 days
- One year or longer
- 90 days or more, but less than one year
- Client doesn't know
- Client prefers not to answer

Approximate Date this episode of Homelessness started: ____/____/____ (Homelessness – in Shelter or on Street)

Regardless of where they stayed last night—Number of times the client has been on the streets, in an Emergency Shelter, or Safe Haven in the past three years (counting current stay):

- Never in 3 years
- One Time
- Two Times
- Three Times
- Four or more time
- Client doesn't know
- Client prefers not to answer

Total number of months homeless on the street, in an Emergency Shelter, or Safe Haven in past 3 years:

- 1 month (this time is the first month)
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- More than 12 months
- Client doesn't know
- Client prefers not to answer

Sexual Orientation (check all that apply):

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/Unsure
- Other
- Client Doesn't Know
- Client prefers not to answer
- Data not collected

Other Sexual Orientation: _____

Complete PATH Engagement Date when the Client has been Engaged (THIS DATE SHOULD BE ON OR AFTER THE PROJECT START DATE)

Date of Engagement: ____/____/____

Complete Date of Status Determination only once when the enrollment status for the client has been determined. There should only be one date of status determination per project stay

Date of Status Determination: ____/____/____

Client Became Enrolled in PATH: No Yes

Reason Not Enrolled:

- Client was found ineligible for Path
- Client was not enrolled for other reason(s)
- Unable to locate client

Disability Information: Answer for all household members (Adults and Children)

Does client have a disability of long duration?

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

Circle below for each disability type: Y=Y N=No DK=Doesn't Know P=Prefers not to answer NC=Not collected

Disability Type	Disability Determination (Has disability)	IF YES:	Expected to be of long continued and indefinite duration and substantially impairs ability to live independently and of such a nature that such ability could be improved by more suitable housing conditions.
Alcohol use disorder	Y N DK P NC		Y N DK P NC
Drug use disorder	Y N DK P NC		Y N DK P NC
Both alcohol and drug use disorder	Y N DK P NC		Y N DK P NC
Chronic health condition	Y N DK P NC		Y N DK P NC
Developmental disability	Y N DK P NC		N/A
Mental health disorder	Y N DK P NC		Y N DK P NC
Physical disability	Y N DK P NC		Y N DK P NC
HIV/AIDS	Y N DK P NC		N/A

Survivor of Domestic Violence: Answer for all Adults in household (18 years and older)

Yes No Client doesn't know Client prefers not to answer

***If yes, last occurrence:**

Within the past three months Three to six months ago From six to twelve months ago
 More than a year ago Client doesn't know Client prefers not to answer

***If yes, are you currently fleeing:**

No Yes Client doesn't know Client prefers not to answer

Monthly Income Information: Answer for all Adults in household (18 years and older)

Does client have an Income from Any Source?

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

Receives Monthly Income Sources:	Monthly \$	Yes	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 Income (SSDI)				
Supplemental Security Income (SSI)				
TANF (FIP)				
Unemployment Insurance				
VA Non-service-connected disability pension				
VA service-connected disability compensation				
Worker's Compensation				

Non-Cash Benefits Information: Answer for all Adults in household (18 years and older)

Does client have Non-Cash Benefits from Any Source?

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

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):			

Health Insurance Information: Answer for all household members (Adults and Children)

Covered by Health Insurance?

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

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

What MCO is client working with? Answer for all household members (Adults and Children)

Amerihealth NH Healthy Families WellSense
 Client Doesn't Know Client prefers not to answer Data Not Collected

Current Living Situation:

Date of Contact: ____/____/____

Current Living Situation:

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Foster care home or foster care group home
- 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
- 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 in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Rental by client, no ongoing housing subsidy

Rental by client, with ongoing housing subsidy

Rental Subsidy Type:

GPT 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 Independence Initiative (FYI)

Permanent Supportive Housing

Other permanent housing dedicated for formerly homeless persons

Owned by client, with ongoing housing subsidy

Owned by client, no ongoing housing subsidy

Other

Worker Unable to determine

Client doesn't know

Client prefers not to answer

Data not collected

Is client going to have to leave their current living situation within 14 days?

Yes

No

Client doesn't know

Client prefers not to answer

Data not collected

Location Details:

Zip Code of Last Address: _____

County client is currently receiving services

Belknap

Carroll

Cheshire

Coos

Grafton

Hillsborough

Merrimack

Rockingham

Strafford

Sullivan

Town and zip code client is currently receiving services

___ Acworth – 03601	___ Colebrook – 03576	___ Glen - 03838
___ Alstead – 03602	___ Concord – 03301	___ Goffstown - 03045
___ Alton – 03809	___ Concord – 03303	___ Gorham - 03581
___ Alton Bay - 03810	___ Concord – 03305	___ Goshen - 03752
___ Amherst - 03031	___ Contoocook – 03229	___ Grafton - 03240
___ Andover - 03216	___ Conway – 03818	___ Grantham - 03753
___ Antrim - 03440	___ Danbury – 03230	___ Greenfield - 03047
___ Ashland – 03217	___ Danville – 03819	___ Greenland - 03840
___ Ashuelot – 03441	___ Deerfield – 03037	___ Greenville - 03048
___ Atkinson - 03811	___ Derry – 03038	___ Groveton- 03582
___ Auburn – 03032	___ Dover – 03820	___ Hampstead - 03841
___ Barnstead – 03218	___ Dover – 03822	___ Hampton - 03842
___ Barrington – 03825	___ Dublin - 03444	___ Hampton Falls - 03844
___ Bartlett - 03812	___ Durham - 03824	___ Hancock - 03449
___ Bath – 03740	___ East Hampstead - 03826	___ Hanover - 03755
___ Belmont – 03220	___ East Kingston - 03827	___ Harrisville - 03450
___ Berlin – 03740	___ East Wakefield - 03830	___ Haverhill - 03765
___ Bethlehem – 03574	___ Effingham - 03882	___ Hebron - 03241
___ Bradford – 03221	___ Elkins - 03233	___ Henniker - 03242
___ Bristol – 03222	___ Enfield - 03748	___ Hill - 03243
___ Brookline – 03033	___ Epping - 03042	___ Hillsborough - 03244
___ Campton – 03223	___ Epsom - 03234	___ Hinsdale - 03451
___ Canaan – 03741	___ Errol - 03579	___ Holderness - 03245
___ Candia – 03034	___ Etna - 03750	___ Hollis - 03049
___ Canterbury – 03224	___ Exeter – 03833	___ Hooksett - 03106
___ Center Barnstead – 03225	___ Farmington - 03835	___ Hudson - 03051
___ Center Conway – 03813	___ Fitzwilliam – 03447	___ Intervale - 03845
___ Center Harbor – 03226	___ Francestown – 03043	___ Jackson - 03846
___ Center Ossipee – 03814	___ Franconia – 03580	___ Jaffrey - 034452
___ Center Sandwich – 03227	___ Franklin- 03235	___ Jefferson - 03583
___ Charleston – 03603	___ Freedom – 03836	___ Keene - 03431
___ Chester – 03036	___ Fremont – 03044	___ Keene - 03435
___ Chesterfield – 03443	___ Gilmanton - 03237	___ Kingston - 03848
___ Chocorua – 038117	___ Gilmanton Iron Works – 03837	___ Laconia - 03246
___ Claremont – 03743	___ Gilsum – 03448	___ Lancaster – 03584
___ Lebanon – 03756	___ Newfields – 03856	___ Silver Lake - 03875
___ Lebanon – 03766	___ Newmarket – 03857	___ Somersworth - 03878
___ Lincoln – 03251	___ Newport – 03773	___ South Tamworth - 03883
___ Lisbon – 03585	___ Newton – 03858	___ Spofford - 03462
___ Littleton – 03561	___ North Conway – 03860	___ Springfield - 03284
___ Londonderry – 03053	___ North Hampton – 03862	___ Strafford - 03884
___ Lyme – 03768	___ North Haverhill – 03774	___ Stratham - 03885
___ Lyndeborough – 03802	___ North Sandwich – 03259	___ Sullivan - 03445
___ Madison – 03849	___ North Stratford – 03590	___ Sunapee - 03782
___ Manchester – 03101	___ North Woodstock – 03262	___ Suncook - 03275
___ Manchester – 03102	___ Northwood – 03261	___ Swanzey - 03446
___ Manchester – 03103	___ Nottingham – 03290	___ Tamworth - 03886
___ Manchester – 03104	___ Orford – 03777	___ Temple - 03084
___ Manchester – 03109	___ Ossipee – 03864	___ Tilton - 03276
___ Manchester – 03111	___ Pelham – 03076	___ Tilton - 03298
___ Marlborough – 03455	___ Peterborough – 03458	___ Tilton - 03299
___ Marlow – 03456	___ Piermont – 03779	___ Troy - 03465
___ Meredith – 03253	___ Pike – 03780	___ Union – 0388
___ Meriden – 03770	___ Pittsburg – 03592	___ Walpole – 036-8
___ Merrimack – 03054	___ Pittsfield – 03263	___ Warner - 03278
___ Milan – 03588	___ Plainfield – 03781	___ Warren - 03279

___ Milford – 03055	___ Plaistow – 03865	___ Washington - 03280
___ Milton – 03851	___ Plymouth – 03264	___ Weare - 03281
___ Milton Mills – 03852	___ Portsmouth – 03801	___ Wentworth - 03282
___ Mirror Lake – 03853	___ Portsmouth – 03803	___ West Chesterfield - 03466
___ Monroe – 03771	___ Raymond – 03077	___ West Nottingham - 03291
___ Mont Vernon – 03057	___ Rindge – 03461	___ West Ossipee - 03890
___ Moultonborough – 03254	___ Rochester – 03839	___ Westmoreland - 03467
___ Nashua – 03060	___ Rochester – 03867	___ Whitefield - 03598
___ Nashua – 03062	___ Rochester – 03868	___ Wilmot - 03287
___ Nashua – 03063	___ Rollinsford – 03869	___ Wilton - 03086
___ Nashua – 03064	___ Rumney – 03266	___ Winchester - 03470
___ New Boston – 03070	___ Rye – 03870	___ Windham - 03087
___ New Durham – 03855	___ Salem – 03079	___ Wolfeboro - 03894
___ New Hampton – 03256	___ Salisbury – 03268	___ Woodsville - 03975
___ New Ipswich – 03071	___ Sanbornville – 03872	
___ New London – 03257	___ Sandown – 03873	
___ Newbury – 03255	___ Seabrook – 03874	