VT HMIS PATH Status Form

HMIS Client ID: _____ **Project Status Date: _____**

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:

PATH Required:

Connection with SOAR	❑ Yes	❑ No

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

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

Disabling Conditions and Barriers:

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

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 for domestic violence survivor, when experience occurred:

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❑ 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	$
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 Income	Receiving Income 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

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Other Source	❑Yes	❑ No

Health Insurance:

Covered by Health Insurance: ❑Yes ❑ No

Source of Income	Receiving Income Source?	
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
Other	❑Yes	❑ No

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*

_____ / _____ / _____

Current Living Situation:

Current Living Situation:

-------- HOMELESS SITUTAIONS -------
❑ 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
❑ 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 ---

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❑ 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 *(if selected, answer 'Rental Subsidy Type' below)*
❑ 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)
❑ Foster Youth to Independence Initiative (FYI)
❑ Permanent Supportive Housing
❑ Other permanent housing dedicated for formerly homeless persons

If Current Living is a '<u>homeless situation</u>'
Location Details (optional): _____

If Current Living is a '<u>temporary or permanent situation</u>'

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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 supper 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

Location Details (optional): _____

Program Services:

Service Title:	**Service Date:**
Case management	
Clinical assessment	
Community mental health	
Habilitation/rehabilitation	
Housing eligibility determination	
Housing minor renovation	
One-time rent for eviction prevention	
Re-engagement	
Residential supportive services	
Screening	
Security deposits	
Substance use treatment	

Program Referrals:

Referral Type:	**Attained/Not Attained/Unknown:**	**Date of Referral Result:**
Mental Health		
Educational Services		
Employment Assistance		
Housing Services		
Income Assistance		
Job Training		
Medical Insurance		
Permanent Housing		
Primary Health/Dental Care		
Substance Use Treatment		
Temporary Housing		