

# HMIS Data Collection Form – PATH – Individuals

FOR USE BY SAMHSA-FUNDED PATH STREET OUTREACH AND SUPPORTIVE SERVICES PROJECTS THAT SERVE INDIVIDUALS

## PROJECT START INFORMATION

ENTER DATA AS (EDA) PROJECT	PROJECT START DATE	CONSENT GIVEN FOR STATEWIDE DATA SHARING? <input type="checkbox"/> Yes (Use <i>shared</i> 500,000 ID in HMIS) <input type="checkbox"/> No (Use <i>unshared</i> record in HMIS)
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## CLIENT HMIS RECORD IDENTIFIERS

FIRST NAME	MI	LAST NAME
ALIASES	SOCIAL SECURITY NUMBER <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	US MILITARY VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

## FEDERAL REPORTING REQUIREMENTS

RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH) <input type="checkbox"/> Self <input type="checkbox"/> HoH's child <input type="checkbox"/> HoH's other relation member <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Unknown
ENROLLMENT COC <input type="checkbox"/> AK-500 Anchorage Continuum of Care <input type="checkbox"/> AK-501 Alaska Balance of State Continuum of Care

## PATH INFORMATION

PATH Enrollment Date (Date client determined eligible for PATH program):
Connection with SOAR (SSI/SSDI Outreach, Access, and Recovery): <input type="checkbox"/> Yes <input type="checkbox"/> No

## DATE OF ENGAGEMENT INFORMATION

IF THE CLIENT HAS NOT YET ENGAGED IN THE PROGRAM AT PROJECT START, LEAVE THIS FIELD BLANK IN HMIS.

DATE OF ENGAGEMENT
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## CLIENT DEMOGRAPHICS

DATE OF BIRTH <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Full DOB <input type="checkbox"/> Partial DOB
RACE AND ETHNICITY <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Additional (specify): <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
GENDER <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Different Identity (specify): <input type="checkbox"/> Transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
SEXUAL ORIENTATION (Heads of Household and Adults only) <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Aromantic <input type="checkbox"/> Pansexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Additional (specify to the right) → <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Demisexual <input type="checkbox"/> Other (Ex: same gender-loving, stud) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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## HEALTH INSURANCE COVERAGE INFORMATION

<b>COVERED BY HEALTH INSURANCE?</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.) <input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No	HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Health Administration	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

## DISABLING CONDITION INFORMATION

<b>DISABLING CONDITIONS?</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.) <input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

DISABLING CONDITIONS (HUD TABLE)	Yes	No	Doesn't know	Prefers not to answer		Yes	No	Doesn't know	Prefers not to answer
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, does it affect their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AK DISABLING CONDITIONS	Yes	No	Doesn't know	Prefers not to answer
Alzheimer's Disease and Related Dementias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Alcoholism or other substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual or Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ALASKA NATIVE REGIONAL CORPORATION

<b>PRIMARY REGIONAL CORPORATION</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Not Affiliated <input type="checkbox"/> Sealaska <input type="checkbox"/> Doyon Limited <input type="checkbox"/> Calista <input type="checkbox"/> Bering Straits Native <input type="checkbox"/> Ahtna <input type="checkbox"/> 13 <sup>th</sup> Regional <input type="checkbox"/> Koniag <input type="checkbox"/> Chugach Alaska <input type="checkbox"/> Cook Inlet Regional <input type="checkbox"/> Bristol Bay Native <input type="checkbox"/> Aleut <input type="checkbox"/> Arctic Slope Regional <input type="checkbox"/> NANA Regional	
<b>SECONDARY REGIONAL CORPORATION, IF APPLICABLE:</b>	

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## PRIOR LIVING SITUATION INFORMATION (Heads of Household and Adults only)

TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>Homeless Situation</b>	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter	
<b>Institutional Situation</b>	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance use treatment facility or detox center	
<b>Temporary Housing Situation</b>	<input type="checkbox"/> Transitional housing for homeless persons youth (including homeless youth) <input type="checkbox"/> Residential project/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in friend's room, apartment, or house <input type="checkbox"/> Staying or living in family's room, apartment, or house	
<b>Permanent Housing Situation</b>	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify to the right) → <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<b>if Rental by client, with housing subsidy, specify only one:</b> <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> RRR or equivalent <input type="checkbox"/> Housing Choice (HCV) <input type="checkbox"/> Public housing <input type="checkbox"/> Other ongoing subsidy <input type="checkbox"/> Family Unification Program (FUP) <input type="checkbox"/> Foster Youth to Independence (FYI) <input type="checkbox"/> Permanent Supportive Housing (PSH) <input type="checkbox"/> Other PH dedicated to formerly homeless

LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> One night or less <input type="checkbox"/> One week or more, but less than a month <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Two to six nights <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> One year or longer	

### IF THE CLIENT IS CURRENTLY EXPERIENCING HOMELESSNESS, ANSWER THE FOLLOWING.

APPROXIMATE DATE THIS CURRENT EPISODE OF HOMELESSNESS STARTED
____/____/____

### IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF EPISODES OF HOMELESSNESS IN THE PAST THREE YEARS INCLUDING TODAY	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times	

### IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF MONTHS HOMELESS IN THE PAST THREE YEARS INCLUDING THIS MONTH	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 month (1 <sup>st</sup> month in the past 3 years) <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 11 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> 5 months	

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## DV INFORMATION

<b>DOMESTIC VIOLENCE VICTIM/SURVIVOR?</b>			<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each question below.)			
<input type="checkbox"/> No			
<i>When did the last experience occur?</i>	<input type="checkbox"/> Within past 3 months	<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client prefers not to answer
<i>Are you currently fleeing?</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No		<input type="checkbox"/> Client prefers not to answer

## MONTHLY INCOME INFORMATION

<b>INCOME FROM ANY SOURCE?</b>		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)		
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)		

SOURCES OF INCOME (HUD TABLE)	Yes (specify)	No	Yes (specify)	No
Alimony/Other spousal support	<input type="checkbox"/> \$	<input type="checkbox"/>	Retirement income from social security	<input type="checkbox"/> \$ <input type="checkbox"/>
Child support	<input type="checkbox"/> \$	<input type="checkbox"/>	SSDI	<input type="checkbox"/> \$ <input type="checkbox"/>
Earned income	<input type="checkbox"/> \$	<input type="checkbox"/>	SSI	<input type="checkbox"/> \$ <input type="checkbox"/>
General assistance	<input type="checkbox"/> \$	<input type="checkbox"/>	TANF	<input type="checkbox"/> \$ <input type="checkbox"/>
Other: AK Permanent Fund Dividend (PFD)	<input type="checkbox"/> \$	<input type="checkbox"/>	Unemployment insurance	<input type="checkbox"/> \$ <input type="checkbox"/>
Other: AK Native Corp. Dividend	<input type="checkbox"/> \$	<input type="checkbox"/>	VA non-svc connected disability pension	<input type="checkbox"/> \$ <input type="checkbox"/>
Other (specify):	<input type="checkbox"/> \$	<input type="checkbox"/>	VA svc connected disability compensation	<input type="checkbox"/> \$ <input type="checkbox"/>
Pension/Retirement income	<input type="checkbox"/> \$	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/> \$ <input type="checkbox"/>
Private disability insurance	<input type="checkbox"/> \$	<input type="checkbox"/>	<b>Total Monthly Income: \$</b>	

## NON-CASH BENEFITS INFORMATION

<b>NON-CASH BENEFITS FROM ANY SOURCE?</b>		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)		
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)		

SOURCES OF NON-CASH BENEFITS (HUD TABLE)	Yes	No	Yes	No
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	SNAP (Food Stamps)	<input type="checkbox"/> <input type="checkbox"/>
Special Supp. Nutrition Program for WIC	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services	<input type="checkbox"/> <input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/> <input type="checkbox"/>

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## STREET OUTREACH CONTACTS INFORMATION

Print additional copies of this page as needed.

<b>CURRENT LIVING SITUATION</b>	
Record the date and location of each interaction with a client by recording their Current Living Situation.	
<b>Information Date (Date of Contact):</b>	
<b>Where is the client currently staying?</b> Select only one.	
<b>Homeless Situation</b>	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter
<b>Institutional Situation</b>	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance use treatment facility or detox center
<b>Temporary Housing</b>	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house
<b>Permanent Housing</b>	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify to the right) → <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy
<b>Other</b>	<input type="checkbox"/> Other (specify): <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>if Rental by client, with housing subsidy, specify only one:</b>	
<input type="checkbox"/> GPD TIP	<input type="checkbox"/> GPD TIP
<input type="checkbox"/> VASH	<input type="checkbox"/> VASH
<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> RRH or equivalent
<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Housing Choice (HCV)
<input type="checkbox"/> Public housing	<input type="checkbox"/> Public housing
<b>Organization that verified client's living situation:</b>	
<b>Worker who made contact with client:</b>	
<b>Client location details (cross-streets, intersections, park):</b>	

<b>If the client is currently in a <u>non-homeless situation</u>, will the client have to leave within 14 days?</b>			<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answers below.)			
<input type="checkbox"/> No			
	<b>Yes</b>	<b>No</b>	
Has a subsequent residence been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Does client have resources or support networks to obtain other permanent housing?	<input type="checkbox"/>	<input type="checkbox"/>	
Has client had a lease or ownership interest in a permanent housing unit in last 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	
Has client moved 2 or more times in the past 60 days?	<input type="checkbox"/>	<input type="checkbox"/>	

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## PATH SERVICES INFORMATION

Print additional copies of this page as needed.

<b>PATH Service Select only one PATH service per section.</b> <input type="checkbox"/> Reengagement <input type="checkbox"/> Screening <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Habilitation/Rehabilitation <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Residential Supportive Services <input type="checkbox"/> Housing Minor Renovation <input type="checkbox"/> Housing Moving Assistance <input type="checkbox"/> Housing Eligibility Determination <input type="checkbox"/> Security Deposits <input type="checkbox"/> One-time Rent for Eviction Prevention	Date PATH Service Provided
	Service Notes

<b>PATH Service Select only one PATH service per section.</b> <input type="checkbox"/> Reengagement <input type="checkbox"/> Screening <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Habilitation/Rehabilitation <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Residential Supportive Services <input type="checkbox"/> Housing Minor Renovation <input type="checkbox"/> Housing Moving Assistance <input type="checkbox"/> Housing Eligibility Determination <input type="checkbox"/> Security Deposits <input type="checkbox"/> One-time Rent for Eviction Prevention	Date PATH Service Provided
	Service Notes

<b>PATH Service Select only one PATH service per section.</b> <input type="checkbox"/> Reengagement <input type="checkbox"/> Screening <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Habilitation/Rehabilitation <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Residential Supportive Services <input type="checkbox"/> Housing Minor Renovation <input type="checkbox"/> Housing Moving Assistance <input type="checkbox"/> Housing Eligibility Determination <input type="checkbox"/> Security Deposits <input type="checkbox"/> One-time Rent for Eviction Prevention	Date PATH Service Provided
	Service Notes

<b>PATH Service Select only one PATH service per section.</b> <input type="checkbox"/> Reengagement <input type="checkbox"/> Screening <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Habilitation/Rehabilitation <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Residential Supportive Services <input type="checkbox"/> Housing Minor Renovation <input type="checkbox"/> Housing Moving Assistance <input type="checkbox"/> Housing Eligibility Determination <input type="checkbox"/> Security Deposits <input type="checkbox"/> One-time Rent for Eviction Prevention	Date PATH Service Provided
	Service Notes

<b>PATH Service Select only one PATH service per section.</b> <input type="checkbox"/> Reengagement <input type="checkbox"/> Screening <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Habilitation/Rehabilitation <input type="checkbox"/> Community Mental Health <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Residential Supportive Services <input type="checkbox"/> Housing Minor Renovation <input type="checkbox"/> Housing Moving Assistance <input type="checkbox"/> Housing Eligibility Determination <input type="checkbox"/> Security Deposits <input type="checkbox"/> One-time Rent for Eviction Prevention	Date PATH Service Provided
	Service Notes

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## PATH REFERRALS INFORMATION

Print additional copies of this page as needed.

PATH Referral Select only one PATH referral per section.			Date Referral Provided
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Income Assistance	Referred-to Provider:
<input type="checkbox"/> Substance Use Treatment	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Employment Assistance	
<input type="checkbox"/> Primary health/dental care	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Medical Insurance	
<input type="checkbox"/> Job Training	<input type="checkbox"/> Temporary Housing		
Referral Outcome	<input type="checkbox"/> Attained	<input type="checkbox"/> Not Attained	<input type="checkbox"/> Unknown

PATH Referral Select only one PATH referral per section.			Date Referral Provided
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Income Assistance	Referred-to Provider:
<input type="checkbox"/> Substance Use Treatment	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Employment Assistance	
<input type="checkbox"/> Primary health/dental care	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Medical Insurance	
<input type="checkbox"/> Job Training	<input type="checkbox"/> Temporary Housing		
Referral Outcome	<input type="checkbox"/> Attained	<input type="checkbox"/> Not Attained	<input type="checkbox"/> Unknown

PATH Referral Select only one PATH referral per section.			Date Referral Provided
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Income Assistance	Referred-to Provider:
<input type="checkbox"/> Substance Use Treatment	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Employment Assistance	
<input type="checkbox"/> Primary health/dental care	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Medical Insurance	
<input type="checkbox"/> Job Training	<input type="checkbox"/> Temporary Housing		
Referral Outcome	<input type="checkbox"/> Attained	<input type="checkbox"/> Not Attained	<input type="checkbox"/> Unknown

PATH Referral Select only one PATH referral per section.			Date Referral Provided
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Income Assistance	Referred-to Provider:
<input type="checkbox"/> Substance Use Treatment	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Employment Assistance	
<input type="checkbox"/> Primary health/dental care	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Medical Insurance	
<input type="checkbox"/> Job Training	<input type="checkbox"/> Temporary Housing		
Referral Outcome	<input type="checkbox"/> Attained	<input type="checkbox"/> Not Attained	<input type="checkbox"/> Unknown

PATH Referral Select only one PATH referral per section.			Date Referral Provided
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Income Assistance	Referred-to Provider:
<input type="checkbox"/> Substance Use Treatment	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Employment Assistance	
<input type="checkbox"/> Primary health/dental care	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Medical Insurance	
<input type="checkbox"/> Job Training	<input type="checkbox"/> Temporary Housing		
Referral Outcome	<input type="checkbox"/> Attained	<input type="checkbox"/> Not Attained	<input type="checkbox"/> Unknown

PATH Referral Select only one PATH referral per section.			Date Referral Provided
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Income Assistance	Referred-to Provider:
<input type="checkbox"/> Substance Use Treatment	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Employment Assistance	
<input type="checkbox"/> Primary health/dental care	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Medical Insurance	
<input type="checkbox"/> Job Training	<input type="checkbox"/> Temporary Housing		
Referral Outcome	<input type="checkbox"/> Attained	<input type="checkbox"/> Not Attained	<input type="checkbox"/> Unknown

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## PROJECT EXIT INFORMATION

<b>ENTER DATA AS (EDA) PROJECT</b>	<b>PROJECT EXIT DATE</b>

REASON FOR LEAVING		
<input type="checkbox"/> Advanced to new project	<input type="checkbox"/> Institutional stay	<input type="checkbox"/> Reached max time allow
<input type="checkbox"/> Aged out of project	<input type="checkbox"/> Relocated outside of community	<input type="checkbox"/> Seasonal shelter closed
<input type="checkbox"/> Completed program	<input type="checkbox"/> Left for housing opp. before completing program	<input type="checkbox"/> Unknown/disappeared
<input type="checkbox"/> Criminal activity / violence	<input type="checkbox"/> Lowered Breath Alcohol Content (BrAC)	<input type="checkbox"/> Violation of Probation / Parole
<input type="checkbox"/> Death	<input type="checkbox"/> Needs could not be met	<input type="checkbox"/> Voluntary break in shelter stay
<input type="checkbox"/> Disagreement with rules/person	<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Voluntary checkout
<input type="checkbox"/> Housed	<input type="checkbox"/> Non-payment of rent	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Ineligible for project		

DESTINATION	
<b>Homeless Situation</b>	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter
<b>Institutional Situation</b>	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance use treatment facility or detox center
<b>Temporary Housing Situation</b>	<input type="checkbox"/> Transitional housing for homeless persons youth (including homeless youth) <input type="checkbox"/> Residential project/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, temporary tenure
<b>Permanent Housing Situation</b>	<input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify): <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy
<b>Other</b>	<input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer