

PATH Assessment Form

Updated: 2016 October 2



Client first name:		Client last name:		MAACLink Client ID:	
Assessment date:			Assessment type: <input type="radio"/> Entry <input type="radio"/> Interval <input type="radio"/> Exit		
Veteran status: <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Client doesn't know <input type="radio"/> Client refused		Disabling condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	
Housing status:					
<input type="radio"/> Category 1 – Homeless		<input type="radio"/> Category 2 – At imminent risk of losing housing			
<input type="radio"/> Category 3 – Homeless only under other federal statutes		<input type="radio"/> Category 4 – Fleeing domestic violence			
<input type="radio"/> Stably housed – rent		<input type="radio"/> Stably housed – own		<input type="radio"/> At risk of homelessness	
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Prior type of residence:					
<input type="radio"/> Emergency shelter (inc. hotel/motel voucher)		<input type="radio"/> Transitional housing for homeless persons			
<input type="radio"/> Permanent housing for formerly homeless persons		<input type="radio"/> Psychiatric hospital/facility			
<input type="radio"/> Substance abuse treatment facility or detox center		<input type="radio"/> Hospital or other residential non-psych. med. facility			
<input type="radio"/> Jail, prison, or juvenile detention facility		<input type="radio"/> Staying/living in a family member's room/apt/house			
<input type="radio"/> Staying/living in a friend's room/apt/house		<input type="radio"/> Hotel/motel paid w/o emergency shelter voucher			
<input type="radio"/> Foster care home or foster care group home		<input type="radio"/> Place not meant for habitation			
<input type="radio"/> Safe Haven		<input type="radio"/> Rental by client with VASH subsidy			
<input type="radio"/> Rental by client with GPD TIP subsidy		<input type="radio"/> Rental by client with other ongoing subsidy			
<input type="radio"/> Rental by client (no ongoing subsidy)		<input type="radio"/> Residential project/halfway house (no homeless criteria)			
<input type="radio"/> Owned by client with ongoing subsidy		<input type="radio"/> Owned by client (no ongoing subsidy)			
<input type="radio"/> Long-term care facility/nursing home		<input type="radio"/> Interim housing			
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Length of stay in prior residence:			Approximate date homelessness started:		
<input type="radio"/> One night or less		<input type="radio"/> Two to six nights			
<input type="radio"/> One week or more but less than one month					
<input type="radio"/> One month or more but less than 90 days					
<input type="radio"/> 90 days or more but less than one year					
<input type="radio"/> One year or longer					
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Number of times client has been on the streets, in emergency shelter, or in safe haven in the past three years including today:			(Cumulative) Number of months on the streets, in emergency shelter, or in safe haven in the past three years:		
<input type="radio"/> One time		<input type="radio"/> Two times		<input type="radio"/> Three times	
<input type="radio"/> Four or more times					
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Client has special needs:			Physical disability:		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			
<i>If Yes, complete one or more of the following special need detail sections. If No, skip to next section.</i>			Indefinite:		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			
Receiving treatment:			Receiving treatment:		
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			
Documentation on file (mark if Yes): <input type="radio"/>			Documentation on file (mark if Yes): <input type="radio"/>		
Mental health problem:			HIV/AIDS:		
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			
<input type="radio"/> Client refused		Indefinite:			
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			
<input type="radio"/> Client refused		Receiving treatment:			
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			
<input type="radio"/> Client refused		Documentation on file (mark if Yes): <input type="radio"/>			

Developmental disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>	Chronic health condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>
Substance abuse: <input type="radio"/> No <input type="radio"/> Alcohol abuse <input type="radio"/> Drug abuse <input type="radio"/> Both alcohol and drug abuse <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>	Domestic violence experience: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused (If Yes) When experience occurred: <input type="radio"/> In the past three months <input type="radio"/> Three to six months ago <input type="radio"/> Six to twelve months ago <input type="radio"/> More than one year ago <input type="radio"/> Client doesn't know <input type="radio"/> Client refused (If Yes) Currently fleeing domestic violence: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Date of (initial) contact:	Location of contact: <input type="radio"/> Place not meant for human habitation <input type="radio"/> Non-residential service setting <input type="radio"/> Residential service setting
Date of engagement (i.e. beginning of a case plan):	
PATH status and SOAR / Date of status determination:	Client became enrolled in PATH: <input type="radio"/> Yes <input type="radio"/> No
(If No) Reason not enrolled: <input type="radio"/> Ineligible <input type="radio"/> Other reasons	Connection with SOAR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused

Client is currently receiving income: Yes No Client doesn't know Client refused

Earned income: _____	Unemployment insurance: _____
SSI (Supplemental Security Income): _____	SSDI (Social Security Disability Income): _____
VA Service Connected Disability Compensation: _____	Private disability insurance: _____
Worker's compensation: _____	TANF (Temporary Assistance for Needy Families): _____
General assistance: _____	Retirement income from Social Security: _____
VA Non-Service Connected Disability Compensation: _____	Pension from a former job: _____
Child support: _____	Alimony or other spousal support: _____
Other (1): _____	Other (2): _____

Client is currently receiving benefits: Yes No Client doesn't know Client refused

SNAP/Food stamps or food benefit card: _____

WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) : _____

TANF child care services: _____ TANF transportation services: _____

Other TANF-funded services: _____ Section 8, public housing, or other rental assistance: _____

Child support: _____ Temporary rental assistance: _____

Other: _____

Client expenses:

Bus pass: _____	Car payment: _____	Car repair: _____
Child care: _____	Child support: _____	Church tithe: _____
Clothing: _____	Credit accounts: _____	Education: _____
Electricity (utility) : _____	Entertainment: _____	Food: _____
Garnishments (on wage/salary): _____	Gas/heating oil (utility) : _____	Gasoline (car) : _____
Health insurance: _____	Other insurance: _____	Laundry: _____
Legal: _____	Medical: _____	Med prescription: _____
Miscellaneous: _____	Mortgage: _____	Payday loans: _____
Personal hygiene: _____	Personal luxuries: _____	Rent: _____
Rent deposit: _____	Retirement plan: _____	Savings: _____
Sewage/trash (utility) : _____	Storage: _____	Taxes: _____
Telephone (utility) : _____	Transportation (general) : _____	Unpaid rent: _____
Unpaid utilities: _____	Water (utility) : _____	Withholding tax: _____
Other (1) : _____	Other (2) : _____	

Insurance coverage assessment date:

Client has health insurance:

Yes No Client doesn't know Client refused

(If Yes) Health insurance type:

Medicaid

State Health Insurance for Adults

Employer insurance

Medicare

VA health insurance

Private pay insurance

SCHIP (State Child Health Insurance Program)

COBRA

Indian Health Services Program