

Alameda County HMIS

CLARITY HMIS: HHS-PATH PROJECT ENROLLMENT FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER:

	PROJECT START DATE [All Clients]						
	Month Day	Ve	 ear				
	Widitii Day	16	c ai				
RF	LATIONSHIP TO HEAD OF HOUSEHOLD [A		Client Households]				
0	Self	0	Head of household – other relation to member				
0	Head of household's child	0	Other: non-relation member				
0	Head of household's spouse or partner						
EN	ROLLMENT CoC [only if multiple CoC's]						
CO	NNECTION WITH SOAR [Head of Househol	ld aı	and Adults]				
0	No		Client doesn't know				
0	Yes		Client prefers not to answer				
			Data not collected				
DD	IOD LIVING CITUATION						
	OR LIVING SITUATION	J A al	1141				
	PE OF RESIDENCE [Head of Household and		-				
0	Place not meant for habitation (e.g., a vehicle,	0	Hotel or motel paid for without emergency				
	an abandoned building, bus/train/subway		shelter voucher				
-	station/airport, or anywhere outside)	_	Heat Hame (non exists)				
0	Emergency shelter, including hotel or motel	0	Host Home (non-crisis)				
	paid for with emergency shelter voucher, or Host Home shelter						
	Safe Haven		Staying or living in a friend's room, apartment,				
0	Sale Havell	0	or house				
0	Foster care home or foster care group home	0	Staying or living in a family member's room,				
	1 color care frome or looter care group nome		apartment or house				
0	Hospital or other residential non-psychiatric	0	 _ 				

medical facility

	I		****	0	D () (***		
0	Jail, prison or juvenile detention facility				Rental by client, with ongoing housing subsidy					
0	Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility					Owned by client, with on-going housing subsidy Owned by client, no on-going housing subsidy				
0	Substance abuse treatment facility or detox					Client doesn't know				
0	center	0								
0	Transitional housing for homele (including homeless youth)	0	Client prefers not to answer							
0	Residential project or halfway h	าดน	se with no	0	Data not	Data not collected				
	homeless criteria									
I	F "RENTAL BY CLIENT, WITH (ONC	GOING HOUS	SINC	SUBSID	Ϋ́	' – SPI	ECIF	FY:	
0	GPD TIP housing subsidy			0	Emergency Housing Voucher					
0	VASH Housing subsidy			0	Family U	Jni	ficatior	n Pro	gram Voucher (FUP)	
0	RRH or equivalent subsidy			0	Foster Yo	ou	th to Ir	ndep	endence Initiative (FYI)	
0	HCV voucher (tenant or project	t ba	ised) (not	0	Permane	ent	Suppo	ortive	e Housing	
	dedicated)		, ,						-	
0	Public Housing Unit			0	Other pe	erm	nanent	hou	sing dedicated for formerly	
0	Rental by client, with other ong	oin	g housing	1	homeles	s p	person	S		
	subsidy									
ΙFΙ	NGTH OF STAY IN PRIOR LI	VIN	IG SITUATIO	N						
0	One night or less	0	One month		nore hutle	200	2	0	Client doesn't know	
	One night of less		than 90 days		iore, but it	Co	5		Cliefit doesn't know	
0	Two to six nights	0	90 days or n		hut less	th	an	0	Client prefers not to	
	Two to dix riights		one year	11010), but 1000		ai i		answer	
0	One week or more, but less	0	One year or	lon	aer			0	Data not collected	
	than one month		J J		3-1					
		I						l		
ı FI	NGTH OF STAY LESS THAN	7 1	MCHTS ITH	DL	- 11					
			4161113 [111,							
0	No			0	res					
LEI	NGTH OF STAY LESS THAN	90	DAYS [Instit	utio	nal Housir	ng	Situati	ons]		
0	No		-	0	Yes					
~	THE MIGHT DESCRIPTION OF ANY						05110			
	THE NIGHT BEFORE - STAY	ΕĎ	ON THE ST	KE	EIS, EME	=K	GENC	YS	HELIER, SAFE HAVEN	
ІНЕ	ead of Household and Adults]									
0	Yes				0)	No			
A	oproximate Date This Episode	of	Homelessnes	ss S	started	_	/_	/		
Νι	umber of <i>times</i> the client has b	ee	n on the stree	ets,	ES, or Sa	afe	Have	n in	the last 3 years	
0	One Time				0)	Clien	t doe	esn't know	
0	Two Times				0)			fers not to answer	
0	Three Times				0				collected	
0	Four or More Times							`		
	tal number of <i>months</i> homele	SS	on the streets	s. E	S. or Safe	e H	laven i	in th	e last 3 vears	
0	One month (this time is the firs			- , -	0, 0, 00,				esn't know	
								· • • • • • • • • • • • • • • • •		

2-12 months (specify number of months):	0	Client prefers not to answer			
More than 12 months	0	Data not collected			
WHEN CLIENT WAS ENGAGED					
Date of Engagement: [Adults and Head of H	ous	sehold]		/	
L					
PATH STATUS [Adults and Head of Househo	old]				
	0	/	/_		
Client Became Enrolled in PATH					
	Yes				
IF "NO" TO ENROLLED IN PATH					
	0	Client wa	as fou	nd ineligible for PATH	
Reason Not Enrolled	0			enrolled for other reason(s)	
	0	Unable t	o loca	ite client	
DISABLING CONDITION [All Clients]					
o No			0	Client doesn't know	
o Yes			0	Client prefers not to answer	
			0	Data not collected	
PHYSICAL DISABILITY [All Clients]					
○ No			0	Client doesn't know	
· Yes			0	Client prefers not to answer	
			0	Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECI	IFY				
Expected to be of long-continued and indefinite	С	No	0	Client doesn't know	
duration and substantially impairs ability to live	С	Yes	0	Client prefers not to answer	
independently?		1	0	Data not collected	
DEVELOPMENTAL DISABILITY [All Clients]	1				
o No			0	Client doesn't know	
o Yes			0	Client prefers not to answer	
			0	Data not collected	
			I		
CHRONIC HEALTH CONDITION [All Clients	3]				
○ No	0	Client doesn't know			
o Yes			0	Client prefers not to answer	
			0	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION	– S	PECIFY			
Expected to be of long-continued and indefinite	С	No	0	Client doesn't know	
duration and substantially impairs ability to live	С		0	Client prefers not to answer	
independently?		•	0	Data not collected	

ijV-	-AIDS [All Clients]						
0	No			0	Client doesn't know		
0	Yes			0	Client prefers not to answer		
•				0	Data not collected		
				•			
	NTAL HEALTH DISORDER [All Clients]			1 -	Oliant dans with leave.		
	No Yes			0	Client doesn't know		
0	Yes			0	Client prefers not to answer Data not collected		
IF '	"YES" TO MENTAL HEALTH DISORDER –	SPE	CIFY	0	Data flot collected		
Exr	pected to be of long-continued and indefinite	0	No	0	Client doesn't know		
	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer		
indo	ependently?			0	Data not collected		
UF	BSTANCE USE DISORDER [All Clients]						
	No			0	Client doesn't know		
0	Alcohol use disorder			0	Client prefers not to answer		
0	Drug use disorder			0	Data not collected		
0	Both alcohol and drug use disorders						
DIS	"ALCOHOL USE DISORDER" "DRUG USE SORDERS" – SPECIFY		ORDER"	OR "	BOTH ALCOHOL AND DRUG USE		
Exr	pected to be of long-continued and indefinite				1		
		0	No	0	Client doesn't know		
dur	ration and substantially impairs ability to live	0	No Yes	0	Client doesn't know Client prefers not to answer		
dur		0	Yes	0	Client prefers not to answer Data not collected		
durainde lave his	ration and substantially impairs ability to live ependently? re you experienced a past or current resincludes domestic violence, dating violence, [Head of Household and Adults]	elatio	Yes onship t	o o hat w	Client prefers not to answer Data not collected vas controlling and/or abusive?		
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0	Yes		0	Client prefers not to answer					
				Data not collected					
IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY								
Inc	Income Source Amount			Income Source					
0	Earned Income		Temporary Assistance for Needy Families (TANF)						
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job					
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support					
0	Private Disability Insurance		0	Other income source (specify):					
0	Worker's Compensation								
То	Total Monthly Income for Individual:								

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	Yes	0	Client prefers not to answer							
		0	Data not collected							
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	THAT APPLY								
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services							
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services							
0	Other (specify):	0	Other TANF-funded services							

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
IF	IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS						
0	MEDICAID	0	Employer Provided Health Insurance				
0	MEDICARE	0	Health Insurance Obtained Through COBRA				
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance				
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults				
0	Other (specify):	0	Indian Health Services Program				

Signature of applicant stating all information is true and correct

Date