

Universal Intake/Checkout Form for HMIS PATH Clients

Program Entry Date: _____ Entry Type: PATH (required for PATH)

Name: _____ Birth date: _____

Social Security Number: ()-()-()

SSN Data Quality: Full SSN Reported Partial SSN Reported
 Don't Know or Don't Have SSN Refused

Gender: Female Male Transgender Unknown

Primary Race:

Examples: If a client is *White*, you would select White in Primary Race and White in Secondary Race.

If a client is *Asian & White*, you would select Asian in Primary Race and White in Secondary Race.

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Other Other Multi-Racial White

Secondary Race:

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Other Other Multi-Racial White

Ethnicity: Hispanic/Latino Other (Non Hispanic/Latino)

US Military Veteran: Yes No Don't Know Refused

Is Client Homeless? Yes No

Type of Living Situation:

| | |
|--|--|
| <input type="checkbox"/> Domestic Violence Situation | <input type="checkbox"/> Own House/Apartment |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Permanent Housing for Formerly Homeless |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Place not meant for habitation |
| <input type="checkbox"/> Foster care/group home | <input type="checkbox"/> Psychiatric Hospital or Facility |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Hotel/Motel without emergency shelter | <input type="checkbox"/> Rental House/Apartment |
| <input type="checkbox"/> Jail, Prison or Juvenile Facility | <input type="checkbox"/> Subsidized Housing |
| <input type="checkbox"/> Living with Family | <input type="checkbox"/> Substance Abuse Treatment Center |
| <input type="checkbox"/> Living with Friends | <input type="checkbox"/> Transitional Housing for Homeless |
| <input type="checkbox"/> Other | |

Length of Stay:

One week or less
 More than one week, but less than one month
 One to three months
 More than three months, but less than one year
 One year or longer

Zip Code of Last Permanent Address: _____

Zip Data Quality: Full Zip Code Recorded Don't Know Refused

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Do you have a disability of long duration?

Yes No Don't Know Refused

Disability Assessment:
(Check all that apply)

- Alcohol Abuse
- Developmental
- Drug abuse
- Dual Diagnosis
- Hearing Impaired
- HIV/AIDS
- Mental Illness
- Other
- Physical/Medical
- Physical/Mobility Limits
- Vision Impaired

Start Date

Note: The start date is required for the disability to be included in the reporting. If the actual start date is unknown a date that is prior to the entry date should be used.

Chronic Homeless Assessment:

An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.

Is Client Chronically Homeless? Yes No

Program Exit Date: _____