HMIS # ______________________

Staff Name ______________________

Date Form Completed _____/_____/_____

Santa Cruz County HMIS PATH Enrollment

The service provider should complete this form while interviewing a client. ***A separate Enrollment Form is completed for each member of the household, including children.***

1) Client Name	**First**	**Last**
2) Date of Program Enrollment *The date the client started being helped by the project (program); also called the project start date.*	_ _ / _ _ / _ _ _ _ Month Day Year	
3) Housing Move-In Date: *(Required for Permanent Housing Projects)* *This is the date a client moves into a permanent housing situation while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, even if the move-in date is the same as the project enrollment date.*	_ _ / _ _ / _ _ _ _ Month Day Year	
4) Date of Engagement *(only for Street Outreach or Night-by-Night Emergency Shelter)* *The date the client relationship results in a collaboratively developed action plan with a provider.*	_ _ / _ _ / _ _ _ _ Month Day Year	
5) Connection to SOAR (*Head of Household and Adults*)	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Client Name ______________________

Head of Household Name (if not Self) ______________________

6) Prior Living Situation *What was the client's living situation the night before enrolling in the project?* *Ask the client "where did you stay or sleep last night"?*	**Homeless Situations** ❑ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) ❑ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ❑ Safe Haven **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 **Transitional & Permanent Housing Situations** ❑ Residential project or halfway house with no homeless criteria ❑ Hotel or motel Paid for without emergency shelter voucher ❑ Transitional housing for homeless persons (including homeless youth) ❑ Host Home (non-crisis) ❑ Staying or living in a friend's room, apartment or house ❑ Staying or living in a family member's room, apartment or house ❑ Rental by client with GPD TIP housing subsidy ❑ Rental by client, with VASH housing subsidy ❑ Permanent housing (other than RRH) for formerly homeless persons ❑ Rental by client, with RRH or equivalent subsidy ❑ Rental by client, with HCV voucher (tenant or project based) ❑ Rental by client in a public housing unit ❑ Rental by client, no ongoing housing subsidy ❑ Rental by client, with other ongoing housing subsidy ❑ Owned by client, with ongoing housing subsidy ❑ Owned by client, no ongoing housing subsidy **Other** ❑ Client doesn't know ❑ Client refused
7) Length of stay in prior living situation *How long have you been sleeping/staying where you stayed/slept last night? If the client has stayed in similar situations (e.g., outside, homes of friends) but not exactly the same PLACE, include the total time in that type of situation.*	❑ One night or less ❑ Two to six nights ❑ One week or more, but less than one month ❑ One month or more, but less than 90 days ❑ 90 days or more, but less than one year ❑ One year or longer ❑ Client doesn't know ❑ Client refused

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

8) If the client stayed in an Institutional Situation last night, was the stay less than 90 days? **If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?**	❑ Yes ❑ No ❑ Not Applicable ❑ Yes ❑ No	
9) If the client stayed in Transitional/Permanent housing last night, was the stay less than 7 days? **If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the transitional or permanent placement?**	❑ Yes ❑ No ❑ Not Applicable ❑ Yes ❑ No	
10) Approximate date this current homeless situation began: *When was the date the current homeless situation began?* *A break in homelessness is defined as being off the street or out of shelter for 7 days or more or spending 90 days or more in an institution.*	❑ Not Applicable __ __ / __ __ / __ __ __ __ This information can be by client self-report	
11) Number of times the client has been on the streets or in Emergency Shelter in the past three years including today	❑ One Time ❑ Two Times ❑ Three Times	❑ Four or more times ❑ Client doesn't know ❑ Client refused
12) Total number of months client has been on the streets or in Emergency Shelter in the past three years	❑ One month (this time is the first month) ❑ 2 months ❑ 7 months ❑ 3 months ❑ 8 months ❑ 4 months ❑ 9 months ❑ 5 months ❑ 10 months ❑ 6 months ❑ 11 months	❑ 12 months ❑ More than 12 months ❑ Client doesn't know ❑ Client refused

Client Name ____________________________________

Head of Household Name (if not Self) ____________________________________

PATH Status

1) Date of Status Determination	__ __ / __ __ / __ __ __ __
2) Client became enrolled in PATH?	❑ Yes ❑ No
If No, the reason the client did not enroll	❑ Client was found ineligible for PATH ❑ Client was not enrolled for other reason(s) ❑ Unable to locate client

Disabling Conditions (All Responses required)

3) Does the client currently have a disabling condition? *A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.* *This question is used with other information to determine if the client meets criteria for chronic homelessness.* ***All questions in this section MUST be answered even if the answer is "no" to this question.***	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
4) Does the client have a Physical Disability?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
5) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

Question	Response	
6) Does the client have a Chronic Health Condition?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
7) Does the client have HIV – AIDS?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
8) Does the client have a Mental Health Disorder?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
9) Does the client have any Substance Use Disorder?	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug Abuse Use Disorders	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

Domestic Violence

Question	Response
1) Domestic Violence Victim/Survivor *Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"* ***If the answer is "no", skip to "Monthly Income – Cash Benefits" section.*** ***If the answer is "yes", COMPLETE questions 2 and 3.***	❑ Yes ❑ No
2) Most Recent Occurrence *Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"*	❑ Within the past three months ❑ Three to six months ago (excluding six months exactly) ❑ Six months to one year ago (excluding one year exactly) ❑ One year ago or more ❑ Client Doesn't Know ❑ Client Refused
3) Current Status *Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"*	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

Monthly Income – Cash Benefits

Current income from any source? *Is the client currently receiving any income from any source?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
Specify the type(s) and amount(s) of income the client currently receives. *Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.* *DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.*	❑ Earned Income $_____________ ❑ Unemployment Insurance $____________ ❑ Supplemental Security Income SSI $____________ ❑ Social Security Disability Insurance SSDI $_____________ ❑ VA Service-Connected Disability Pension$_____________ ❑ VA Non-service connect disability pension $____________ ❑ Private Disability Insurance $__________ ❑ Worker's Compensation $_____________ ❑ Temporary Assistance for Needy Families TANF/CalWORKs $___________ ❑ General Assistance (GA) $____________ ❑ Retirement income from Social Security $______________ ❑ Pension or Retirement Income from a Former Job $______________ ❑ Child Support $______________ ❑ Alimony and Other Spousal Support $__________ ❑ Other Cash Income $_________ If Other Specify: ________________________________
Total Cash Income for Individual	**TOTAL**: $________________

Client Name ____

Head of Household Name (if not Self) ____

Non-Cash Benefits

Currently receiving Non-Cash Benefits? *Is the client currently receiving one of the non-cash benefits listed below?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
If Yes, indicate all the non-cash benefits the client is receiving: *Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.* *DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.*	❑ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh ❑ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ❑ TANF/CALWORKS Childcare Services ❑ TANF/CALWORKS Transportation Services ❑ Other TANF/CALWORKS-Funded Services ❑ Other Non-Cash Benefit If Other Specify: ______________________________

Health Insurance

Currently covered by health insurance? *Is the client currently covered by health insurance?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
If Yes, type(s) of insurance(s): *If the client is currently covered by multiple health insurances please select all that apply.*	❑ Medicaid (same as Medi-Cal) ❑ Medicare ❑ State Children's Health Insurance (CHIP) Program ❑ Veteran's Administration (VA) Medical Services ❑ Employer-Provided Health Insurance ❑ Health Insurance Obtained Through COBRA ❑ Private Pay Health Insurance ❑ State Health Insurance for Adults ❑ Indian Health Services Program ❑ Other Health Insurance If Other Specify: ______________________________

Client Name ______________________________________

Head of Household Name (if not Self) ______________________________________

Employment Status

Currently Employed? *Is the client currently employed?*	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, specify the type of employment	❑ Full-time ❑ Part-time ❑ Seasonal/Sporadic (including day labor)	
If No, is the client looking for employment?	❑ Looking for work ❑ Unable to work ❑ Not looking for work	

Education Status

Specify the last grade of school completed by the client	❑ Less than Grade 5 ❑ Grades 5-6 ❑ Grades 7-8 ❑ Grades 9-11 ❑ Grade 12/ High school diploma ❑ School program does not have grade levels	❑ GED ❑ Some college ❑ Associate's degree ❑ Bachelor's degree ❑ Graduate degree ❑ Vocational certification ❑ Client Doesn't Know ❑ Client Refused
Is the client currently enrolled in school or a training program?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, specify the type of school or training program	❑ Kindergarten – 8th grade ❑ High School ❑ Community College ❑ Vocational Program	❑ Training Program ❑ University ❑ Other

General Health Status (Head of Household Only)

1) Clients' general health status.	❑ Fair ❑ Good ❑ Very Good ❑ Excellent	❑ Client Doesn't Know ❑ Client Refused

Client Name ____________________________________

Head of Household Name (if not Self) ____________________________________

Last Permanent Address

This is the address of the client's last **permanent housing prior to this experience of homelessness**: not the address of a shelter or a location not meant for human habitation like the streets or a park.	**Street Address**	**City**
	State	**Zip Code**

Client Name ___________________________

Head of Household Name (if not Self) ___________________________