



## **CLARITY HMIS: HHS-PATH STATUS ASSESSMENT FORM**

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

| PROJECT STATUS DATE [All Clie  | ııısı            | <u> </u>                              |                       |  |  |  |
|--|------------------|---------------------------------------|-----------------------|--|--|--|
|  |                  |                                       |                       |  |  |  |
| Month Day  | •                | Year                                  |                       |  |  |  |
|  |                  |                                       |                       |  |  |  |
| NNECTION WITH SOAR [Head of Hous   | seho             | old and Ad                            |                       | Oli and de a mildian and   |  |  |
| No Yes   |                  |                                       | 0                     | Client doesn't know  |  |  |
| Yes  |                  |                                       | 0                     | Client prefers not to answer  Data not collected   |  |  |
|  |                  |                                       | 10                    | Data not collected   |  |  |
| ATH STATUS [If not at intake]  |                  |                                       |                       |  |  |  |
| Pate of Status Determination   | 0                | /                                     | /_                    |  |  |  |
| Night Pagema Enrolled in DATH  | 0                | No                                    |                       |  |  |  |
| Client Became Enrolled in PATH   | 0                | Yes                                   |                       |  |  |  |
| "NO" TO ENROLLED IN PATH   |                  |                                       |                       |  |  |  |
|  | 0                |                                       |                       | and ineligible for PATH  |  |  |
| Reason Not Enrolled  | 0                | Client w                              | as no                 | t enrolled for other reason(s)   |  |  |
|  | _                | Unable to locate client               |                       |  |  |  |
| HVCICAL DICADILITY [All Cliente]   | 0                | Unable                                | o loca                | ate client   |  |  |
| HYSICAL DISABILITY [All Clients] No Yes  | 0                | Unable 1                              | 0                     | Client doesn't know Client prefers not to answer   |  |  |
| No<br>Yes  |                  |                                       | 0                     | Client doesn't know  |  |  |
| No Yes  F "YES" TO PHYSICAL DISABILITY – SPE   | CIFY             | · · · · · · · · · · · · · · · · · · · | 0 0                   | Client doesn't know Client prefers not to answer Data not collected  |  |  |
| No Yes  F "YES" TO PHYSICAL DISABILITY – SPE Expected to be of long-continued and indefinit  | CIFY             | γ<br>∘ No                             | 0 0                   | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know   |  |  |
| No Yes  F "YES" TO PHYSICAL DISABILITY – SPEctive Continued and indefinite uration and substantially impairs ability to live   | CIFY             | <b>/</b> ○ No                         | 0 0                   | Client doesn't know Client prefers not to answer Data not collected  |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPE<br>expected to be of long-continued and indefinit<br>uration and substantially impairs ability to live<br>independently?  | CIFY<br>e _      | γ<br>∘ No                             | 0 0                   | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer  |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPE<br>expected to be of long-continued and indefinit<br>furation and substantially impairs ability to live<br>independently?   | CIFY<br>e _      | γ<br>∘ No                             | 0 0 0                 | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected   |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPE<br>expected to be of long-continued and indefinit<br>furation and substantially impairs ability to live<br>independently?  EVELOPMENTAL DISABILITY [All Cliented]   | CIFY<br>e _      | γ<br>∘ No                             | 0<br>0<br>0<br>0      | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know  |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPE<br>expected to be of long-continued and indefinit<br>furation and substantially impairs ability to live<br>independently?   | CIFY<br>e _      | γ<br>∘ No                             | 0<br>0<br>0<br>0<br>0 | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer   |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPE<br>expected to be of long-continued and indefinit<br>furation and substantially impairs ability to live<br>independently?  EVELOPMENTAL DISABILITY [All Cliented]   | CIFY<br>e _      | γ<br>∘ No                             | 0<br>0<br>0<br>0      | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know  |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPE<br>expected to be of long-continued and indefinit<br>furation and substantially impairs ability to live<br>independently?  EVELOPMENTAL DISABILITY [All Cliental No. 17]  | CIFY<br>e        | γ<br>∘ No                             | 0<br>0<br>0<br>0<br>0 | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer   |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPEEXPECTED to be of long-continued and indefinite uration and substantially impairs ability to live independently?  EVELOPMENTAL DISABILITY [All Clienters of No Yes]  HRONIC HEALTH CONDITION [All Clienters of No Yes]   | CIFY<br>e        | γ<br>∘ No                             | 0<br>0<br>0<br>0<br>0 | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  |  |  |
| No Yes  F "YES" TO PHYSICAL DISABILITY – SPECE EXPECTED And SUBSTANTIAL DISABILITY [All Client No Yes  HRONIC HEALTH CONDITION [All Client No  | CIFY<br>e        | γ<br>∘ No                             |                       | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected   |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPEEXPECTED to be of long-continued and indefinite uration and substantially impairs ability to live independently?  EVELOPMENTAL DISABILITY [All Clienters of No Yes]  HRONIC HEALTH CONDITION [All Clienters of No Yes]   | CIFY<br>e        | γ<br>∘ No                             |                       | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPEExpected to be of long-continued and indefinite furation and substantially impairs ability to live independently?  EVELOPMENTAL DISABILITY [All Clienters   No   | CIFY<br>e<br>ts] | Y ONO Yes                             |                       | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected   |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPE<br>Expected to be of long-continued and indefinit<br>Juration and substantially impairs ability to live<br>independently?  EVELOPMENTAL DISABILITY [All Client<br>No Yes  HRONIC HEALTH CONDITION [All Client<br>No Yes | CIFY e tts]      | Y ONO Yes                             |                       | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer |  |  |
| F "YES" TO PHYSICAL DISABILITY – SPEEX PECTOR TO PHYSICAL DISABILITY – SPEEX PECTOR TO PHYSICAL DISABILITY – SPEEX PECTOR TO PHYSICAL DISABILITY (All Client No Yes  HRONIC HEALTH CONDITION [All Client No Yes  F "YES" TO CHRONIC HEALTH CONDITION         | CIFY e e tts]    | Y No Yes                              |                       | Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  Client prefers not to answer Data not collected  Client doesn't know Client prefers not to answer Data not collected  |  |  |



**HIV-AIDS** [All Clients]

| 0 | No  | 0 | Client doesn't know          |
|---|-----|---|------------------------------|
| 0 | Yes | 0 | Client prefers not to answer |
|   |     | 0 | Data not collected           |

**MENTAL HEALTH DISORDER** [All Clients]

|     | <u> </u>   |     |      |   |                              |
|-----|--|-----|------|---|------------------------------|
| 0   | No   |     |      | 0 | Client doesn't know          |
| 0   | Yes  |     |      | 0 | Client prefers not to answer |
|     |  |     |      | 0 | Data not collected           |
| IF  | "YES" TO MENTAL HEALTH DISORDER - S              | SPE | CIFY |   |                              |
| E   | spected to be of long-continued and indefinite   | 0   | No   | 0 | Client doesn't know          |
| du  | ration and substantially impairs ability to live | 0   | Yes  | 0 | Client prefers not to answer |
| ind | dependently?                                     |     |      | 0 | Data not collected           |

**SUBSTANCE USE DISORDER** [All Clients]

| 0        | 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                      |      |        |      |  |
|          | IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER"            |      |        |      |  |
| IF       | "ALCOHOL USE DISORDER" "DRUG USE I                       | DIS  | ORDER" | OR " | BOTH ALCOHOL AND DRUG USE                      |
|          | "ALCOHOL USE DISORDER" "DRUG USE I<br>SORDERS" – SPECIFY | DIS  | ORDER" | OR " | BOTH ALCOHOL AND DRUG USE                      |
| DI       |  | DIS( | ORDER" | OR " | BOTH ALCOHOL AND DRUG USE  Client doesn't know |
| DI<br>Ex | SORDERS" – SPECIFY                                       |      |        |      |  |

**SURVIVOR OF DOMESTIC VIOLENCE** [Head of Household and Adults]

| U  | INVIVOR OF BOILDING VIOLENCE Prica                     | u o      | 1 1003011 | Jiu a                    | ina Adalisj                  |
|----|--|----------|-----------|--------------------------|------------------------------|
| 0  | No   |          |           | 0                        | Client doesn't know          |
| 0  | Yes  |          |           | 0                        | Client prefers not to answer |
|    |  |          |           | 0                        | Data not collected           |
| IF | "YES" TO SURVIVOR OF DOMESTIC VIOLE                    | E - SPEC | IFY       | WHEN EXPERIENCE OCCURRED |                              |
| 0  | Within the past three months                           |          |           | 0                        | Client doesn't know          |
| 0  | Three to six months ago (excluding six months exactly) |          |           | 0                        | Client prefers not to answer |
| 0  | Six months to one year ago (excluding one year         | ear      | exactly)  | 0                        | Data not collected           |
| 0  | One year ago or more                                   |          |           |                          |                              |
|    | · · · · · ·  | 0        | No        | 0                        | Client doesn't know          |
| Ar | e you currently fleeing?                               | 0        | Yes       | 0                        | Client prefers not to answer |
|    |  |          |           | 0                        | Data not collected           |

**INCOME FROM ANY SOURCE** [Head of Household and Adults]

| 0 | No  | 0 | Client doesn't know          |
|---|-----|---|------------------------------|
| 0 | Yes | 0 | Client prefers not to answer |
|   |     | 0 | Data not collected           |



| Income Source Amount |  |  | Inc | Amount   |  |
|----------------------|--|--|-----|--|--|
| 0                    | Earned Income                                |  | 0   | 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                        |  |     |  |  |

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

| 0  | No  | 0    | Client doesn't know          |
|----|---|------|------------------------------|
| 0  | Yes   | 0    | Client prefers not to answer |
|    |   | 0    | Data not collected           |
| IF | "YES" TO NON-CASH BENEFITS - INDICATE ALL SOUF                                | RCES | S 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 | "YES" TO HEALTH INSURANCE - HEALTH IN     | <b>ISU</b> | RANCE 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          |