

## San Francisco ONE System: HHS-PATH PROJECT INTAKE FORM

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

Trease complete a separate form for each		
PROJECT START DATE [All Clients]		
Manth Pau Yaan		
Month Day Year		
SOCIAL SECURITY NUMBER [All Clients]		
QUALITY OF SOCIAL SECURITY		
Full SSN reported	0	Client doesn't know
Approximate or partial SSN reported	0	Client prefers not to answer
	0	Data not collected
CURRENT NAME [All Clients]		N/A
Last		0
First		0
Middle		0
Suffix		0
<ul> <li>Full name reported</li> <li>Partial, street name, or code name reported</li> </ul> DATE OF BIRTH [All Clients]	0 0	Client doesn't know Client prefers not to answer Data not collected
		Age:
		7.90.
QUALITY OF DATE OF BIRTH		
Full DOB reported     Approximate or portiol DOB reported	0	Client doesn't know
Approximate or partial DOB reported	0	Client prefers not to answer  Data not collected
GENDER [All Clients]	0	Data not collected
Woman (Girl, if child)	0	Questioning
o Man (Boy, if child)	0	Different Identity (specify):
Culturally Specific Identity (e.g., Two-Spirit)	0	Client doesn't know
<ul><li>Transgender</li></ul>	0	Client prefers not to answer
o Non-Binary	0	Data not collected
•	•	



## WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT

0	She/her	0	Questioning
0	He/him	0	Different Identity (specify):
0	They/Them	0	Client doesn't know
0		0	Client prefers not to answer
0		0	Data not collected

RACE AND ETHNICITY (Select all applicable) [All Clients]

(	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
(	Asian or Asian American	0	White
(	Black, African American, or African	0	Client doesn't know
(	Hispanic/Latina/e/o	Client prefers not to answer	
(	Middle Eastern or North African	0	Data not collected

# WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY [All Clients over age 11]

0	Straight / Heterosexual	0	Questioning
0	Bisexual	0	Different Identity (specify):
0	Gay / Lesbian / Same-Gender Loving	0	Client doesn't know
0		0	Client prefers not to answer
0		0	Data not collected

### WHAT SEX WAS THE CLIENT ASSIGNED AT BIRTH [Clients Over the age of 11]

0	Female	0	Not Listed, Specify:
0	Male	0	Declined / Not Stated
0	Gay / Lesbian / Same-Gender Loving	0	Question / Not Asked
0		0	Client prefers not to answer
0		0	Data not collected

### **VETERAN STATUS** [All Adults]

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

#### **IF "YES" TO VETERAN STATUS**

Ye	ar entered military service (year)		
Ye	ar separated from military service (year)		
Th	eater of Operations: World War II		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Korean War		
0	No	0	Client doesn't know



. Vaa				Olient mustans with an		
o Yes		0	Client prefers not to answer			
T		0	Data not collected			
Theater of Operations: Vietnam War				To: 4 1 1/4		
o No			0	Client doesn't know		
o Yes			0	Client prefers not to answer		
			0	Data not collected		
Theater of Operations: Persian Gulf War (Dese	rt Ste	orm)				
o No			0	Client doesn't know		
○ Yes			0	Client prefers not to answer		
			0	Data not collected		
Theater of Operations: Afghanistan (Operation	End	uring Fr				
o No			0	Client doesn't know		
○ Yes			0	Client prefers not to answer		
			0	Data not collected		
Theater of Operations: Iraq (Operation Iraqi Fre	edo	m)		T		
o No			0	Client doesn't know		
○ Yes			0	Client prefers not to answer		
			0	Data not collected		
Theater of Operations: Iraq (Operation New Day	wn)			I an a second		
o No			0	Client doesn't know		
○ Yes			0	Client prefers not to answer		
	o Data not collected					
Theater of Operations: Other peace-keeping op Lebanon, Panama, Somalia, Bosnia, Kosovo)	erat	ions or i	mili	tary interventions (such as		
o No			0	Client doesn't know		
○ Yes			0	Client prefers not to answer		
			0	Data not collected		
Branch of the Military						
○ Army			0	Space Force		
o Air Force			0	Client doesn't know		
○ Navy			0	Client prefers not to answer		
<ul> <li>Marines</li> </ul>			0	Data not collected		
Coast Guard						
Discharge Status						
Honorable			0	Uncharacterized		
General under honorable conditions			0	Client doesn't know		
Other than honorable conditions (OTH)			0	Client prefers not to answer		
Bad Conduct			0	Data not collected		
D: 1 11				Data flot collected		
o Disnonorable						
RELATIONSHIP TO HEAD OF HOUSEHOLD	[AII (					
○ Self ○ Head of household – other relation to m						
Head of household's child	0	Other:	non	-relation member		
<ul> <li>Head of household's spouse or partner</li> </ul>						
ENROLLMENT CoC [only if multiple CoC's]						

# CONNECTION WITH SOAR [Head of Household and Adults] ○ No ○ ○ Client do

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



## PRIOR LIVING SITUATION I IVING SITUATION TYPE OF RESIDENCE [Head of Household and Adults]

LIV	LIVING SITUATION TYPE OF RESIDENCE [Head of Household and Adults]						
0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher				
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)				
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house				
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house				
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy				
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy				
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy				
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy				
0	Substance abuse treatment facility or detox center	0	Client doesn't know				
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer				
0	Residential project or halfway house with no homeless criteria	0	Data not collected				
IF	F "RENTAL BY CLIENT, WITH ONGOING HOUS	SIN	G SUBSIDY" – SPECIFY:				
0	GPD TIP housing subsidy	0	Emergency Housing Voucher				
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)				
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)				
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing				
0	Public Housing Unit	Other permanent housing dedicated for					
0	Rental by client, with other ongoing housing subsidy	0	Other permanent housing dedicated for formerly homeless persons				

### **LENGTH OF STAY IN PRIOR LIVING SITUATION**

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

### **LENGTH OF STAY LESS THAN 7 NIGHTS** [TH, PH]

o No	o Yes
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### **LENGTH OF STAY LESS THAN 90 DAYS** [Institutional Housing Situations]

0	No	0	Yes
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### ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]							
o Yes			0	No			
Approximate Date This Episode of Homeles	ed	<u></u>					
Number of times the client has been on the	stre	eets, ES,	or Safe	e Haven in the last 3 years			
One Time							
Two Times			0	Client prefers not to answer			
Three Times			0	Data not collected			
Four or More Times							
Total number of <i>months</i> homeless on the s	tree	ets, ES, o					
One month (this time is the first month)			0	Client doesn't know			
<ul><li>2-12 months (specify number of months):</li></ul>			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 I	—— Чои	sehold]					
DATH STATUS [Adults and Hoad of House	holi	d1					
PATH STATUS [Adults and Head of House		uj I i					
Date of Status Determination	0		/_	<del></del>			
Client Deceme Envelled in DATI	0	No					
Client Became Enrolled in PATH	0	Yes					
IF "NO" TO ENROLLED IN PATH		•					
	0	Client v	vas fou	und ineligible for PATH			
Reason Not Enrolled	<ul> <li>Client was not enrolled for other reason(s)</li> </ul>						
	0	Unable to locate client					
DISABLING CONDITION [All Clients]							
• No			0	Client doesn't know			
o Yes			0	Client prefers not to answer			
1 1 3 3			0	Data not collected			
PHYSICAL DISABILITY [All Clients]							
• No			0	Client doesn't know			
Yes			0	Client prefers not to answer			
<u> </u>			0	Data not collected			
IF "YES" TO PHYSICAL DISABILITY - SPEC	CIFY	<u> </u>		Data flot dellocted			
Expected to be of long-continued and indefinite		o No	0	Client doesn't know			
duration and substantially impairs ability to live		o Yes	0	Client prefers not to answer			
independently?	<u> </u>		0	Data not collected			
				1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
DEVELOPMENTAL DISABILITY [All Client	te1						
No	<u></u>		0	Client doesn't know			
o Yes			0	Client prefers not to answer			
<u> </u>			0	Data not collected			
IF "YES" TO DEVELOPMENTAL DISABILIT	<u>Y _ </u>	SPECIFY		_ Data flot collected			
Expected to be of long-continued and indefinite		o No	0	Client doesn't know			
duration and substantially impairs ability to live		o Yes	0	Client prefers not to answer			
independently?	· Ľ	-   100	0	Data not collected			
			_				



**CHRONIC HEALTH CONDITION** [All Clients]

0	o No			0	Client doesn't know		
○ Yes			0	Client prefers not to answer			
			0	Data not collected			
IF '	IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY						
Exp	pected to be of long-continued and indefinite	0	No	0	Client doesn't know		
duration and substantially impairs ability to live    O Yes				0	Client prefers not to answer		
independently?				0	Data not collected		

**HIV-AIDS** [All Clients]

o No				Client doesn't know
o Yes				Client prefers not to answer
				Data not collected
IF "YES" TO HIV-AIDS – SPECIFY				
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

**MENTAL HEALTH DISORDER** [All Clients]

o No			0	Client doesn't know		
o Yes				Client prefers not to answer		
·				Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER - S	IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY					
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know		
duration and substantially impairs ability to live				Client prefers not to answer		
independently?			0	Data not collected		

**SUBSTANCE USE DISORDER** [All Clients]

O	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" OR "BOTH ALCOHOL AND DRUG USE						
IF	"ALCOHOL USE DISORDER" "DRUG USE	DIS	OKDEK"	UK "	BOTH ALCOHOL AND DRUG USE		
	"ALCOHOL USE DISORDER" "DRUG USE SORDERS" – SPECIFY	סוט	ORDER"	UR "	BOTH ALCOHOL AND DRUG USE		
DI		)   	No	o	Client doesn't know		
DI Ex	SORDERS" – SPECIFY	,		1			

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

0	No				Client doesn't know
0	Yes				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				
			No	0	Client doesn't know
Ar	e you currently fleeing?	0	Yes	0	Client prefers not to answer
					Data not collected



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

0	No		)	Client doesn't know					
0	Yes		) )	Client prefers not to answer					
	3 100		)	Data not collected					
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY									
Inc	Income Source Amou			ncome Source Amor					
0	Earned Income		0	CalWORKS					
0	Unemployment Insurance		0	CAAP					
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								
To	tal Monthly Income for Individual:	·							

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

1/	CECIVING NON-CASTI BENEFITS [Fread of Floasefloid and Addits]						
0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
IF	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY						
0	CalFresh	0	CalWORKs Childcare Services				
0	Special Supplemental Nutrition Program for Women,		CalWORKs Transportation				
	Infants, and Children (WIC)	0	Services				
0	Other (specify):	0	Other CalWORKs-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	NSU	RANCE COVERAGE DETAILS
0	Medi-Cal	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

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