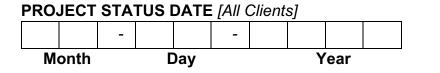


# San Francisco ONE System: HHS-PATH STATUS ASSESSMENT

FORM

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

### CLIENT NAME OR IDENTIFIER:



# ENROLLMENT CoC [only if multiple CoC's]

# **PATH STATUS** [If not at intake]

Date of Status Determination	0	//
Client Became Enrolled in PATH		No
	0	Yes
IF "NO" TO ENROLLED IN PATH		
	0	Client was found ineligible for PATH
Reason Not Enrolled	0	Client was not enrolled for other reason(s)
-		Unable to locate client

### **CONNECTION WITH SOAR** [Head of Household and Adults]

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

### **DISABLING CONDITION** [All Clients]

• No	<ul> <li>Client doesn't know</li> </ul>
○ Yes	<ul> <li>Client prefers not to answer</li> </ul>
	<ul> <li>Data not collected</li> </ul>

### PHYSICAL DISABILITY [All Clients]

• <b>No</b>	0	Client doesn't know		
• Yes				Client prefers not to answer
	0	Data not collected		
IF "YES" TO PHYSICAL DISABILITY – SPECI	=Y			
Expected to be of long-continued and indefinite	0	Client doesn't know		
duration and substantially impairs ability to live o Yes				Client prefers not to answer
independently?				Data not collected

### **DEVELOPMENTAL DISABILITY** [All Clients]

• <b>No</b>	0	Client doesn't know		
○ Yes	0	Client prefers not to answer		
	0	Data not collected		
IF "YES" TO DEVELOPMENTAL DISABILITY -	- SP	PECIFY		
Expected to be of long-continued and indefinite	No	0	Client doesn't know	
duration and substantially impairs ability to live o Yes			0	Client prefers not to answer
independently?				Data not collected



# CHRONIC HEALTH CONDITION [All Clients]

○ <b>No</b>					Client doesn't know
○ Yes					Client prefers not to answer
		0	Data not collected		
IF	"YES" TO CHRONIC HEALTH CONDITION -	– SF	PECIFY		
E>	spected to be of long-continued and indefinite	0	Client doesn't know		
du	ration and substantially impairs ability to live	0	Client prefers not to answer		
ine	dependently?	0	Data not collected		

### HIV-AIDS [All Clients]

• No	0	Client doesn't know		
○ Yes	0	Client prefers not to answer		
	0	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 o Yes				Client prefers not to answer
independently?			0	Data not collected

#### **MENTAL HEALTH DISORDER** [All Clients]

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

### SUBSTANCE USE DISORDER [All Clients]

• <b>No</b>	No				Client doesn't know	
• Alcohol use disorder				0	Client prefers not to answer	
• Drug use disorder	Drug use disorder				Data not collected	
• Both alcohol and drug use disorders						
IF "ALCOHOL USE DISO	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE					
DISORDERS" – SPECIFY						
Expected to be of long-continued and indefinite o No					Client doesn't know	
duration and substantially impairs ability to live o Yes					Client prefers not to answer	
independently?				0	Data not collected	

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

0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
					Data not collected
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPEC					WHEN EXPERIENCE OCCURRED
0	Within the past three months			0	Client doesn't know
0	Three to six months ago (excluding six months exactly)				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	Client doesn't know		
Are you currently fleeing? • Yes			Yes	0	Client prefers not to answer
					Data not collected



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

1140		011100	130110	iu aliu Auulioj					
0	No		0	Client doesn't know					
0	Yes		0	Client prefers not to answer					
			0	Data not collected					
IF	"YES" TO INCOME FROM ANY S	NDICATE ALL SOURCES THAT APPI	_Y						
Income Source Amou			t Inc	ome Source	Amount				
0	Earned Income		0	CalWORKs					
0	Unemployment Insurance		0	СААР					
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								
Тс	otal Monthly Income for Individua	l:							

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

r		1	
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	SOU	RCES THAT APPLY
_	CalFresh	0	CalWORKs Child Care
0		0	Services
~	Special Supplemental Nutrition Program for	0	CalWORKs Transportation
0	Women, Infants, and Children (WIC)	0	Services
	Other (specify):		CalWORKs TANF-funded
0		0	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 INSURANCE 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