

Agency Name: _____



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.

PROJECT START DATE *[All Clients]*

		-			-				
Month			Day			Year			

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-				
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QUALITY OF SOCIAL SECURITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

CURRENT NAME *[All Clients]*

CURRENT NAME <i>[All Clients]</i>																		N/A	
Last																			<input type="radio"/>
First																			<input type="radio"/>
Middle																			<input type="radio"/>
Suffix																			<input type="radio"/>

QUALITY OF CURRENT NAME

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

DATE OF BIRTH *[All Clients]*

		-			-				Age:
Month			Day			Year			

QUALITY OF DATE OF BIRTH

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

GENDER [All Clients]

<input type="radio"/> Female	<input type="radio"/> Client doesn't know
<input type="radio"/> Male	<input type="radio"/> Client refused
<input type="radio"/> Trans Female (MTF or Male to Female)	<input type="radio"/> Data not collected
<input type="radio"/> Trans Male (FTM or Female to Male)	
<input type="radio"/> Gender Non-Conforming (i.e. not exclusively male or female)	

WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT'S CURRENT GENDER IDENTITY [Clients Over the age of 11]

<input type="radio"/> She/her	<input type="radio"/> Client doesn't know
<input type="radio"/> He/him	<input type="radio"/> Client refused
<input type="radio"/> They/ze	<input type="radio"/> Data not collected

WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY [Clients Over the age of 11]

<input type="radio"/> Straight / Heterosexual	<input type="radio"/> Not Listed
<input type="radio"/> Bisexual	<input type="radio"/> Declined to Answer
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Not Asked
<input type="radio"/> Questioning / Unsure	<input type="radio"/> Incomplete / Missing Data
<input type="radio"/> Not Listed	

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

<input type="radio"/> Female	<input type="radio"/> Not Listed
<input type="radio"/> Male	<input type="radio"/> Declined / Not stated
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Question / Not Asked
<input type="radio"/> Not Listed, Specify?	

RACE (Select all applicable) [All Clients]

<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> White/Caucasian
<input type="radio"/> Asian	<input type="radio"/> Client does not know
<input type="radio"/> Black/African American	<input type="radio"/> Client refused
<input type="radio"/> Hawaiian or Other Pacific Islander	<input type="radio"/> Data Not Collected

ETHNICITY [All Clients]

<input type="radio"/> Non-Hispanic/ Non-Latino	<input type="radio"/> Client does not know
	<input type="radio"/> Client refused
<input type="radio"/> Hispanic/Latino	<input type="radio"/> Data Not Collected
	<input type="radio"/> Other

VETERAN STATUS *[All Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO VETERAN STATUS	
Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Korean War	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Vietnam War	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation New Dawn)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**Theater of Operations: Other peace-keeping operations or military interventions
(such as Lebanon, Panama, Somalia, Bosnia, Kosovo)**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Branch of the Military

<input type="radio"/> Army	<input type="radio"/> Coast Guard
<input type="radio"/> Air Force	<input type="radio"/> Client doesn't know
<input type="radio"/> Navy	<input type="radio"/> Client refused
<input type="radio"/> Marines	<input type="radio"/> Data not collected

Discharge Status

<input type="radio"/> Honorable	<input type="radio"/> Dishonorable
<input type="radio"/> General under honorable conditions	<input type="radio"/> Uncharacterized
<input type="radio"/> Other than honorable conditions (OTH)	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Bad Conduct	<input type="radio"/> Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	
<input type="radio"/> Head of household's spouse or partner	<input type="radio"/> Other: non-relation member

CLIENT LOCATION *[only if multiple CoC's]* _____

CONNECTION WITH SOAR [Heads of Households and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

LIVING SITUATION / TYPE OF RESIDENCE

[Head of Household and Adults]

<input type="radio"/>	Emergency shelter, including hotel/motel paid for w/ voucher	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with GPD TIP subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with VASH subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Interim Housing	<input type="radio"/>	Residential project or halfway house with no homeless criteria
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Safe Haven
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Owned by client, no on-going housing subsidy	<input type="radio"/>	Staying or living in a friend's room, apartment or house
<input type="radio"/>	Owned by client, with ongoing housing subsidy	<input type="radio"/>	Substance abuse treatment facility or detox center
<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)
<input type="radio"/>	Place not meant for habitation	<input type="radio"/>	Client doesn't know
<input type="radio"/>		<input type="radio"/>	Client refused
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client refused
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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LENGTH OF STAY LESS THAN 90 DAYS

[If type of stay is Facility /Institution etc]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN
[Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date Homelessness Started	___ / ___ / _____
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2--12 months (specify number of months): _____	<input type="radio"/> Client refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

WHEN CLIENT WAS ENGAGED

Date of Engagement:	___ / ___ / _____
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PATH STATUS

Client Became Enrolled in PATH	<input type="radio"/> No
	<input type="radio"/> Yes
Date of Status Determination	___ / ___ / _____

IF "NO" TO ENROLLED IN PATH

Reason Not Enrolled	<input type="radio"/> Client was found ineligible for PATH
	<input type="radio"/> Client was not enrolled for other reason(s)

DISABLING CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

PHYSICAL DISABILITY *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY				
Expected to substantially impair ability to live independently	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

HIV-AIDS *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO HIV-AIDS – SPECIFY				
Expected to substantially impair ability to live independently	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

MENTAL HEALTH PROBLEM *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO MENTAL HEALTH CONDITION – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

SUBSTANCE ABUSE PROBLEM [All Clients]

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug abuse	
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know		
<input type="radio"/> Yes	<input type="radio"/> Client refused		
	<input type="radio"/> Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Alimony and other spousal support		<input type="radio"/> Child support	
<input type="radio"/> Pension or retirement income from former job		<input type="radio"/> Earned Income	
<input type="radio"/> Retirement Income from Social Security		<input type="radio"/> CAAP	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Private disability insurance	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Unemployment Insurance	
<input type="radio"/> CalWORKs		<input type="radio"/> Worker's Compensation	
<input type="radio"/> VA Service Connected Disability Compensation		<input type="radio"/> Other source	
<input type="radio"/> VA Non--Service Connected Disability Pension		Other (specify):	
Total monthly amount:			

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY	
<input type="radio"/> CalFresh	<input type="radio"/> CalWORKs Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> CalWORKs Transportation Services
<input type="radio"/> Other (Specify):	<input type="radio"/> Other CalWORKs-funded services

COVERED BY HEALTH INSURANCE *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	Medi-Cal	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

Signature of applicant stating all information is true and correct Date