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| HMIS # _____ |
| Client Name _____ |
| Staff Name _____ |
| Date _____ |

Santa Cruz County HMIS – PATH Adult Status Update and/or Annual Assessment

A service provider must complete a PATH Adult Status Update Assessment every 90 days an adult client or the Head of Household has been enrolled in a PATH-funded program, regardless of whether their information has changed. After the client has been enrolled in the program for 1 year, the service provider must complete a PATH Adult Annual Assessment in lieu of a Status Assessment. This form can be used for either the Status Assessment or Annual Assessment because the same information is collected, however, please be sure to select the appropriate Assessment type when entering this data into the HMIS. Separate PATH Status and/or Annual Assessment Forms must be completed for each adult household member. A separate Standard Status and/or Annual Assessment Form must be completed for children as well, but please be sure to use the Standard Child Status and/or Annual Assessment Form.

Project Status Update Date

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Connection with SOAR [Head of Household and Adults]

The answer to this question will likely always be “No,” as there are currently no SOAR programs in Santa Cruz County.

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| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client prefers not to answer |

PATH Status [Head of Household and Adults]

Complete if not already completed. Date of Status Determination should only be completed one time throughout the client's program enrollment, at the time that the PATH enrollment status for the client has been determined. There should only be one Date of Status Determination per Project Stay.

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| <p>1) Date of Status Determination</p> <p><i>The date the client is determined eligible for the PATH Outreach program.</i></p> | <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table> | | | / | | | / | | | | |
| | | / | | | / | | | | | | |
| <p>2) Client became enrolled in PATH?</p> <p><i>If No, the reason the client did not enroll:</i></p> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s) <input type="checkbox"/> Unable to locate client | | | | | | | | | | |

Client Name _____

Head of Household Name (if not Self) _____

Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.

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| 1) Does the client have a Physical Disability? <i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| 2) Does the client have a Developmental Disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| 3) Does the client have a Chronic Health Condition? <i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| 4) Does the client have HIV – AIDS? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| 5) Does the client have a Mental Health Disorder? <i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| 6) Does the client have a Substance Use Disorder? <i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug use disorders | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |

Client Name _____

Head of Household Name (if not Self) _____

Domestic Violence [Head of Household and Adults]

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| <p>1) Survivor of Domestic Violence <i>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?"</i></p> <p><i>If the answer is "no", skip to "Monthly Income – Cash Benefits" section. If the answer is "yes", COMPLETE questions 2 and 3.</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer</p> |
| <p>2) Most Recent Occurrence <i>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?"</i></p> | <p><input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> |
| <p>3) Current Status <i>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?"</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer</p> |

Monthly Income – Cash Benefits [Head of Household and Adults]

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| <p>Current income from any source? <i>Is the client currently receiving any income from any source?</i></p> <p>Specify the type(s) and amount(s) of income the client currently receives.</p> <p><i>Only regular, recurrent sources that are current today should be included. Income (e.g., SSI) received for a minor member of the household (under 18 years old) should be recorded with the HoH's information.</i></p> <p><i>DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Annual/Update form.</i></p> <p>Total Cash Income for Individual</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> |
| | <p><input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income SSI \$ _____ <input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____ <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ <input type="checkbox"/> VA Non-service connect disability pension \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement income from Social Security \$ _____ <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ <input type="checkbox"/> Other Cash Income \$ _____ If Other Specify: _____</p> <p style="background-color: #cccccc;">TOTAL: \$ _____</p> |

Client Name _____

Head of Household Name (if not Self) _____

Non-Cash Benefits [Head of Household and Adults]

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| <p>Currently receiving Non-Cash Benefits? <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving:</p> <p><i>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.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Annual/Update form.</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/CalFresh <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF/CALWORKS Childcare Services <input type="checkbox"/> TANF/CALWORKS Transportation Services <input type="checkbox"/> Other TANF/CALWORKS-Funded Services <input type="checkbox"/> Other Non-Cash Benefit</p> <p>If Other Specify: _____</p> |
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Health Insurance

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| <p>Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, type(s) of insurance(s)</p> <p><i>If the client is currently covered by multiple health insurances please select all that apply.</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> Medicaid (same as Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance (CHIP) Program <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance</p> <p>If Other Specify: _____</p> |
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Client Name _____

Head of Household Name (if not Self) _____