

## **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.

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						Clien	 ts]							
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o Yes						0	Data not collected							
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	0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration?	0	Vaa	0	Client refused
		Yes	0	Data not collected

**HIV-AIDS** [All Clients]

0	No	0	Client doesn't know
0	V	0	Client refused
O	Yes	0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know						
	V		0	Client refused					
0	Yes	0	Data not collected						
IF	"YES" TO MENTAL HEALTH DISORDER- SPECIFY								
		0	Client doesn't know						
Ex	pected to be of long-continued and indefinite duration?	0	Client refused						
	o Yes				Data not collected				

**SUBSTANCE USE DISORDER** [All Clients]

0	No	0	В	Both alcohol and drug use disorders				
	Alaahal waa disandan		Client doesn't know					
0	Alcohol use disorder			Client refused				
0	Drug use disorder			Data not collected				
	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY							
	Expected to be of long-continued and indefinite duration?			No	0	Client doesn't know		
Exp				<b>/</b> 00	0	Client refused		
		0	Yes		0	Data not collected		

**DOMESTIC VIOLENCE** [All Clients]

Domestic Violence Victim/Survivor		No
Domestic violence victim/Survivor	0	Yes
If "YES" to DOMESTIC VIOLENCE VICT	TIM/ S	SURVIVOR- COMPLETE
LAST OCCURRENCE		
	0	Yes
	0	No
Are you currently fleeing?	0	Client doesn't know
	0	Client refused
	0	Data not collected



## MONTHLY INCOME AND SOURCES [Head of Household and Adults]

0	No	0	Client doesn	't know				
	Vac	0	Client refuse	d				
0	Yes	0	Data not coll	ected				
IF '	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY							
	Income Source	Amount		Income So	urce	Amount		
0				TANF (Tempora Needy Families)	ANF (Temporary Assist for leedy Families)			
0	Unemployment Insurance		0	General Assista				
0	Supplemental Security Income (SSI)		0	Retirement inco Social Security				
0	Social Security Disability Insurance (SSDI)		0	Pension or retire from former job				
0	VA Service-Connected Disability Compensation		0	Child support				
0	VA Non-Service Connected Disability Pension		0	Alimony and oth support	ner spousal			
0	Private disability insurance		0	Other income so	ource			
0	Worker's Compensation			(specify):				
Total	monthly income for Individuals:							

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

0	No				Client doesn't know			
	V				Client refused			
0	Yes	0	Data not collected					
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES 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			Client doesn't know		
	Vac	0	Client refused			
0	Yes	0	Data not collected			
IF "	YES" TO HEALTH INSURANCE - HEALTH INSURANCE CO	AGE DETAILS				
0	MEDICAID			yer Provided Health Insurance		
0	MEDICARE	Insurance Obta	ained through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay He	alth Insurance		
0	Veteran's Administration (VA) Medical Services	State Health Insurance for Adults				
0	Other (specify):	0	Indian Health Services Program			