



FY2024 PATH Entry Assessment for SSO - Answer the following questions for ALL Adults and HoH

Client Name: _____

Project Start Date: _____

SS#: ____-____-____ **DOB** ____/____/____

ROI Signed? Yes ____ No ____

Veteran? Yes ____ No ____

Race and Ethnicity: (Select as many as client identifies)

- American Indian/ Alaska Native or Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Additional Race and Ethnicity Detail: _____

Gender: (Select as many as client identifies)

- Woman (Girl, if child)
- Man (Boy, If child)
- Culturally Specific Identity (e.g., Two-Spirit)
- Transgender (clients who live or identify with a transgender history, experience, or identity)
- Non-Binary
- Questioning (Unsure, may be exploring, or may not relate to or identify with a gender identity at this time)
- Different Identity; **Please Specify:** _____

Relationship to Head of Household:

- Self (Head of Household)
- Head of Household's Child
- Head of Household's Spouse/ Partner
- Head of Household's Other Relation Member
- Other: Non-Relation Member

Disabling Condition:

Do you have a DISABILITY of long duration? ____ Yes ____ No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

Disability Type:

- Yes LCI Alcohol Use Disorder Yes LCI BOTH Alcohol & Drug Use Disorder Yes LCI Drug Use Disorder
- Yes LCI Chronic Health Condition Yes LCI Developmental _____ HIV/AIDS
- Yes LCI Mental Health Disorder Yes LCI Physical Health

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? ____ Yes ____ No

Source of Health Insurance/ Medical Assistance:

- Medicaid Medicare
- State Children's Health Insurance Program Veteran's Health Administration (VHA)



- Employer – Provided Health Insurance Health Insurance obtained through COBRA
 State Health Insurance for Adults Indian Health Care
 Other

Residence Prior to Project Entry (Where did you sleep last night?)

Homeless Situations:

- Place not meant for human habitation
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Institutional Situations:

- Foster care home/foster care group home
 Hospital or other residential non-psychiatric medical facility
 Jail, prison, or juvenile detention facility
 Long-term care facility or nursing home
 Psychiatric hospital or other psychiatric facility
 Substance abuse treatment facility/detox center

Temporary Housing Situations:

- Transitional housing for homeless persons (including homeless youth)
 Residential project or halfway house with no homeless criteria
 Hotel or motel paid without emergency voucher
 Host Home (non-crisis)
 Staying in family member's room/apartment/house
 Staying in friend's room/apartment/house

Permanent Housing Situations:

- Owned by client, no on-going housing subsidy
 Owned by client, with on-going housing subsidy
 Rental by client, no ongoing housing subsidy
 Rental by client, with ongoing subsidy (*If you choose this answer, name the Rental Subsidy Type below*)
 GPD TIP housing subsidy
 VASH housing subsidy
 RRH or equivalent
 HCV voucher (tenant or project based)(not dedicated)
 Public housing unit
 Rental by client, with other ongoing housing subsidy
 Housing Stability Voucher
 Family Unification Program Voucher (FUP)
 Foster Youth to Independence Initiative (FYI)
 Permanent Supportive Housing
 other permanent housing dedicated for formerly homeless persons

Homeless Situation Questions:

Length of Stay in Previous Place:

- One day or less Two days to one week More than one week, less than one month
 One to three months More than three months, less than one year One year or longer

Approximate Date Homelessness Started: ____/____/____

Have the client look back to the date of the last time the client had a place to sleep that was not on the streets or ES. Remember that "the streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human



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beings, including a car, park, abandoned building, bus or train station, airport, or camping ground). Including the situation the client was in right before entering, plus any continuous time moving around between the streets, an emergency shelter, or a safe haven, determine the date this period of the client's "literal" homelessness began. The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility). Approximations are permitted.

of times (episodes) on streets or in ES in 3 years: ___1 ___2 ___3 ___4 or more

Including today, count all the different times the client was on the streets, in an emergency shelter in the last 3 years where there are full breaks in between (i.e., breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

Total number of months homeless on the street, in ES in the past 3 years: _____ Months

Count the cumulative number of months in which a person was on the streets or in an ES in the last 3 years, including stays in an institution less than 90 days or in permanent or transitional housing less than 7 days. Round the number of months up to the next highest number of full months. The current month, even if a partial month, can be counted as a full month.

Zip Code of Last Permanent Address: _____

Income:

Do you have income? ___Yes ___ No Total Monthly Income \$ _____

Income Source and amount:

- | | |
|---|--|
| ___ Alimony/ Spousal Support | ___ Child Support |
| ___ Earned Income | ___ General Assistance |
| ___ Pension or retirement income from another job | |
| ___ Private Disability Insurance | ___ Retirement Income from Social Security |
| ___ Social Security Disability Income (SSDI) | ___ Social Security Income (SSI) |
| ___ Temporary Assist for Needy Families TANF | ___ Unemployment Insurance |
| ___ VA Non-Service-Connected Disability Pension | ___ VA Service-Connected Disability Compensation |
| ___ Worker's Compensation | |

Non-Cash Benefits:

Do you have Non-Cash Benefits? ___Yes ___ No Monthly Amount \$ _____

Source of Non-Cash Benefits:

- ___ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
- ___ Special supplemental Nutrition Program for (WIC) (HUD)
- ___ TANF Child Care Services (HUD)
- ___ TANF Transportation Services (HUD)
- ___ Other TANF-Funded Services (HUD); If "Other" Specify: _____

Are you a Survivor of Domestic Violence? ___Yes ___ No

If yes, when did it last occur: ___ Within the past 3 months ___ 3 to 6 months ___ 6 to 12 months
___ More than 12 months ___ Refused

Are you currently fleeing? ___Yes ___ No

Current Living Situation: (Street Outreach ONLY)

Start Date: ___/___/___

End Date: ___/___/___

Information Date: ___/___/___

Current Living Situation:

Homeless Situation (chose only one):



- Place not meant for human habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

Institutional Situation:

- Foster care home/foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility/detox center

Transitional and Permanent Housing Situation:

- Hotel or motel paid without emergency voucher
- Owned by client, no on-going housing subsidy
- Owned by client, with on-going housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH Subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying in family member's room/apartment/house
- Staying in friend's room/apartment/house
- Transitional housing for homeless persons (including homeless youth)

Other:

- Other: Specify _____
- Worker Unable to Determine

Living Situation verified by: (Agency/ Program Name): _____

Is Client Going to have to leave their current living situation within 14 days? Yes No

If "Yes" to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions:

Has a subsequent residence been identified? Yes No

Does individual or family have resources or support networks to obtain other permanent housing?
 Yes No

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
 Yes No

Has the client moved 2 or more times in the last 60 days? Yes No

Location details:

Date of Engagement: ___/___/___ (Complete upon client entering Service Plan development or fully completed initial assessment)

Date of PATH Status Determination: ___/___/___



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Client Became Enrolled in PATH: ____ Yes ____ No

If no, reason not enrolled: ____ Client found ineligible for PATH ____ Client was not enrolled for other reason(s)

Connection to SOAR: ____ Yes ____ No

Legal Status:

Are you on Parole: ____ Yes ____ No If yes, Parole Officer: _____

Phone Number: _____ - _____ - _____

Personal Phone Number: _____ - _____ - _____