



PATH Annual Assessment for Street Outreach
Answer the following questions for ALL Adults and HoH

Client Name: _____
Annual Assessment Date: _____

The following questions should be asked and updated for every new entry into housing:

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

Medicaid ID# _____

Medicaid Insurance Company: ___ Total Care ___ Blue Cross Blue Shield ___ Fidelis
___ United Healthcare ___ Molina Healthcare

Income:

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

Income Source and amount: (please write in monthly amount for each source below)

___ 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)



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- Special supplemental Nutrition Program for (WIC) (HUD)
- TANF Child Care Services (HUD)
- TANF Transportation Services (HUD)
- Other TANF-Funded Services (HUD); If "Other" Specify: _____

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



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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)

Connection to SOAR: Yes No

Personal Phone Number: _____ - _____ - _____