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PATH Update Assessment for SSO
Answer the following questions for ALL Adults and HoH

Client Name: _____
Date of Update: _____

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

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

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

Enrollment CoC: ___ NY-505 (Onondaga/ Cayuga/ Oswego counties)

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

Income:

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

Income Source and amount: (please note the 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)
- 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 Victim/ 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 (choose 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)



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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: ___/___/___

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

Personal Phone Number: _____ - _____ - _____