



Date _____ / _____ / _____

Case Manager _____

Project Name _____

Client ID (Computer Generated) _____

First _____

Middle _____

Last _____

Suffix _____

Current Living Situation

****ONLY ONE CHOICE** from either A, B, or C**

A. Homeless Situation:

- Place not meant for habitation (vehicle, streets, parks, abandoned buildings, or anywhere outside)
- Emergency shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter)
- Safe Haven

B. Institutional Situation:

- Foster care home or 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

C. Transitional & Permanent Housing Situation:

- Host Home (non-crisis)
- Hotel or motel paid without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client, with other ongoing subsidy
- Rental by client, with RRH or equivalent housing subsidy
- Rental by client, with VASH housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying in family member's apartment/house
- Staying in friend's room/apartment/house
- Transitional housing for homeless persons (including TAY)
- Other _____
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data not collected

Is client going to have to leave their current living situation within 14 days?

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

Has a subsequent residence been identified?

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

Does individual or family have resources or support networks to obtain other permanent housing?

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

Has the client moved 2 or more times in the last 60 days?

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

Location details



Services/Referrals Provided

Service/Referral Date: ____/____/____

Services Provided – PATH Funded	
Reengagement	<input type="checkbox"/>
Screening	<input type="checkbox"/>
Clinical Assessment	<input type="checkbox"/>
Habilitation/rehabilitation	<input type="checkbox"/>
Community mental health	<input type="checkbox"/>
Substance use treatment	<input type="checkbox"/>
Case management	<input type="checkbox"/>
Residential supportive services	<input type="checkbox"/>
Housing minor renovation	<input type="checkbox"/>
Housing moving assistance	<input type="checkbox"/>
Housing eligibility determination	<input type="checkbox"/>
Security deposits	<input type="checkbox"/>
One-time rent for eviction prevention	<input type="checkbox"/>

Referrals Provided	
Community Mental Health	<input type="checkbox"/>
Substance Use Treatment	<input type="checkbox"/>
Primary Health/Dental Care	<input type="checkbox"/>
Job Training	<input type="checkbox"/>
Educational Services	<input type="checkbox"/>
Housing Services	<input type="checkbox"/>
Temporary Housing	<input type="checkbox"/>
Permanent Housing	<input type="checkbox"/>
Income Assistance	<input type="checkbox"/>
Employment Assistance	<input type="checkbox"/>
Medical Insurance	<input type="checkbox"/>

Notes
