HMIS # ______________________

Client Name ____________________

Staff Name ____________________

Date ___________________________

# Santa Cruz County HMIS – PATH Adult Status Update and/or Annual Assessment

***A service provider must complete a PATH Adult Status Update Assessment every 90 days an adult client or the Head of Household has been enrolled in a PATH-funded program, regardless of whether their information has changed. After the client has been enrolled in the program for 1 year, the service provider must complete a PATH Adult Annual Assessment in lieu of a Status Assessment.*** This form can be used for either the Status Assessment or Annual Assessment because the same information is collected, however, please be sure to select the appropriate Assessment type when entering this data into the HMIS. Separate PATH Status and/or Annual Assessment Forms must be completed for each adult household member. **A separate Standard Status and/or Annual Assessment Form must be completed for children as well, but please be sure to use the Standard Child Status and/or Annual Assessment Form.**

## Project Status Update Date

| | | / | | | / | | | | |
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## Connection with SOAR [Head of Household and Adults]

***The answer to this question will likely always be "No,"** as there are currently no SOAR programs in Santa Cruz County.*

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|---|---|
| ❑ No<br>❑ Yes | ❑ Client doesn't know<br>❑ Client prefers not to answer |

## PATH Status [Head of Household and Adults]

*Complete if not already completed. Date of Status Determination should only be completed one time throughout the client's program enrollment, at the time that the PATH enrollment status for the client has been determined. There should only be one Date of Status Determination per Project Stay.*

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| **1) Date of Status Determination**<br>*The date the client is **determined eligible** for the PATH Outreach program.* | _ _ / _ _ / _ _ _ _ |

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

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|---|---|
| **2) Client became enrolled in PATH?** | ❑ No<br>❑ Yes |
| *If **No**, the reason the client did not enroll:* | ❑ Client was found ineligible for PATH<br>❑ Client was not enrolled for other reason(s)<br>❑ Unable to locate client |

## Disabling Conditions (All Responses required)

*A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing. This question is used with other information to determine if the client meets the criteria for chronic homelessness.*

| | | |
|---|---|---|
| **1) Does the client have a Physical Disability?** | ❑ Yes<br>❑ No | ❑ Client doesn't know<br>❑ Client prefers not to answer |
| *If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?* | ❑ Yes<br>❑ No | ❑ Client doesn't know<br>❑ Client prefers not to answer |
| **2) Does the client have a Developmental Disability?** | ❑ Yes<br>❑ No | ❑ Client doesn't know<br>❑ Client prefers not to answer |
| **3) Does the client have a Chronic Health Condition?** | ❑ Yes<br>❑ No | ❑ Client doesn't know<br>❑ Client prefers not to answer |
| *If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?* | ❑ Yes<br>❑ No | ❑ Client doesn't know<br>❑ Client prefers not to answer |
| **4) Does the client have HIV – AIDS?** | ❑ Yes<br>❑ No | ❑ Client doesn't know<br>❑ Client prefers not to answer |

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

| Question | Response |
| --- | --- |
| **5) Does the client have a Mental Health Disorder?** | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer |
| *If Yes, is it expected to be of long. continued and indefinite duration and substantially impair the client's ability to live independently?* | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer |
| **6) Does the client have a Substance Use Disorder?** | ❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug use disorders ❑ Client doesn't know ❑ Client prefers not to answer |
| *If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?* | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer |

## Domestic Violence [Head of Household and Adults]

| Question | Response |
| --- | --- |
| **1) Survivor of Domestic Violence** *Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"* ***If the answer is "no", skip to "Monthly Income – Cash Benefits" section. If the answer is "yes", COMPLETE questions 2 and 3.*** | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer |
| **2) When experienced** *Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family?"* | ❑ Within the past three months<br>❑ Three to six months ago (excluding six months exactly)<br>❑ Six months to one year ago (excluding one year exactly)<br>❑ One year ago or more<br>❑ Client doesn't know<br>❑ Client prefers not to answer |

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

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|---|---|
| **3) Are you currently fleeing?** *Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living because of the domestic violence situation?"* | ❑ Yes ❑ Client doesn't know<br>❑ No ❑ Client prefers not to answer |

## Monthly Income – Cash Benefits [Head of Household and Adults]

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|---|---|
| **Income from Any Source?** *Is the client currently receiving any income from any source?* | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer |
| **If yes, Specify the type(s) and amount(s) of income the client currently receives.**<br><br>*Only regular, recurrent sources that are current today should be included. Income (e.g., SSI) received for a minor member of the household (under 18 years old) should be recorded with the HoH's information.*<br><br>*DO NOT include Income received by other adults (18 years and older) in the household; record their income in their Program Enrollment* | ❑ Earned Income $______________<br>❑ Unemployment Insurance $_____________<br>❑ Supplemental Security Income SSI ***( (SSI - received by persons who are disabled and do not have a significant work history)*** $______________<br>❑ Social Security Disability Insurance SSDI (***SSDI - received by persons who are disabled and have a significant work history)*** $_____________<br>❑ VA Service-Connected Disability Pension$______________<br>❑ VA Non-service connect disability pension $_____________<br>❑ Private Disability Insurance $___________<br>❑ Worker's Compensation $______________<br>❑ Temporary Assistance for Needy Families TANF/CalWORKs $____________<br>❑ General Assistance (GA) $_____________<br>❑ Retirement income from Social Security $________<br>❑ Pension or Retirement Income from a Former Job $_______________<br>❑ Child Support $_______________<br>❑ Alimony and Other Spousal Support $___________<br>❑ Other Cash Income $__________<br>If Other Specify: _________________________________ |
| **Total Cash Income for Individual** | **TOTAL**: $_________________ |

Client Name ________________________________

Head of Household Name (if not Self) ________________________________

## Non-Cash Benefits [Head of Household and Adults]

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|---|---|
| **Receiving Non-Cash Benefits?**<br>*Is the client currently receiving one of the non-cash benefits listed below?* | ❏ Yes ❏ No ❏ Client doesn't know ❏ Client prefers not to answer |
| **If Yes, indicate all the non-cash benefits the client is receiving:**<br><br>*Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information*<br>.<br>*DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits in their Program Enrollment* | ❏ Supplemental Nutrition Assistance Program (SNAP/CalFresh)<br>❏ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)<br>❏ TANF/CALWORKS Childcare Services<br>❏ TANF/CALWORKS Transportation Services<br>❏ Other TANF/CALWORKS-Funded Services<br>❏ Other Non-Cash Benefit<br>If Other Specify: ______________________________ |

Client Name ______________________________

Head of Household Name (if not Self) ______________________________

## Health Insurance

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|---|---|
| **Covered by health insurance?**<br>*Is the client currently covered by health insurance?* | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer |
| **If Yes, select they client's type(s) of health insurance(s) coverage:**<br><br>*If the client is currently covered by multiple health insurances, select all that apply.* | ❑ Medicaid (Medi-Cal)<br>❑ Medicare<br>❑ State Children's Health Insurance (CHIP) Program<br>❑ Veteran's Health Administration (VHA)<br>❑ Employer-Provided Health Insurance<br>❑ Health Insurance Obtained Through COBRA<br>❑ Private Pay Health Insurance<br>❑ State Health Insurance for Adults<br>❑ Indian Health Services Program<br>❑ Other Health Insurance<br>If Other Specify: ______________________________ |

Client Name ______________________________

Head of Household Name (if not Self) ______________________________