

HMIS Annual/Update Form PATH

Client DMH #: _____

Project Update Date: _____

Project Name: _____

Staff Completing HMIS Form: _____

Identification - All fields required unless otherwise noted

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Social Security Number (SSN) _____ Date of Birth(DOB) _____

_____-_____-_____/_____/_____/_____

Date of Engagement (O/R-Intake completed) **LEAVE BLANK IF THIS IS A RE-ENROLLMENT** **Date of PATH Status Determination (POR 3 Date)** (SMI confirmed, client homeless/at risk, client agrees to services and IRP completed/signed) **LEAVE BLANK IF THIS IS A RE-ENROLLMENT**

_____/_____/_____/_____/_____/_____

Client Became Enrolled in PATH (POR 3)

- Yes (Only select when there is a PATH Status Determination Date above)
- No (Select options below)
 - Client was found ineligible for PATH (Confirmed no SMI or client is not homeless/at risk of homelessness)
 - Client was not enrolled for another reason (i.e. Unable to confirm SMI, client left the program, IRP not yet completed)
- Select this for Re-Enrollment, ONLY if the client returned to the PATH program within 90 days of the last HMIS Exit Date (discharge date of the last assignment category {POR 1, POR 2, or POR 3}). Complete this HMIS PATH Update form with the client. Date of the LAST HMIS Exit Date _____**

Wellness Assessment

Health Insurance Yes (Enter Sources Below) No Client Doesn't Know Client Refused

- | | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Private Pay Health Insurance | <input type="checkbox"/> VA Medical Services | <input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Employer Provided Health Insurance | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Health Insurance obtained through COBRA | <input type="checkbox"/> Other: (Specify) _____ |
| <input type="checkbox"/> State Children's Health Insurance (SCHIP) | <input type="checkbox"/> State Funded Insurance Adults (Medi-Cal) | |

Connection with SOAR (SSI/SSDI Outreach, Access, & Recovery) Program

(Is this client connected with BHRS SSI/SSDI staff, PATH O/R staff or other SOAR staff?)

- Yes No Client Doesn't Know Client Refused

For During Program Enrollment Only

Alcohol Abuse Yes (Answer Questions Below) No Client Doesn't Know Client Refused

1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?

- Yes No Client Doesn't Know Client Refused

2. Documentation of disability and severity on file? (Staff Answer) Yes No

3. How confirmed? PATH ONLY (Staff Answer)

- Unconfirmed; presumptive or self-report Confirmed by prior evaluation or clinical records (i.e. Cerner)
 Confirmed through assessment and clinical evaluation

Chronic Health Condition Yes (Answer Questions Below) No Client Doesn't Know Client Refused

1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?

- Yes No Client Doesn't Know Client Refused

Developmental Disability Yes No Client Doesn't Know Client Refused

Drug Abuse	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
2. Documentation of disability and severity on file? (Staff Answer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. How confirmed? PATH ONLY (Staff Answer)	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (i.e. Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Mental health	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
2. Documentation of disability and severity on file? (Staff Answer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. How confirmed? PATH ONLY (Staff Answer)	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (ie Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation	
4. Serious mental illness (SMI) and if SMI, how confirmed? PATH ONLY (Staff Answer)	<input type="checkbox"/> No <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed by prior evaluation or clinical records (ie Cerner) <input type="checkbox"/> Confirmed through assessment and clinical evaluation	
Physical Disability	<input type="checkbox"/> Yes (Answer Questions Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
1. Expected to be of long-continued and indefinite duration and substantially impairs one's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Disabling Condition – If Developmental, HIV or “Yes” to “Expected to be...” for any of the above barriers then this must be answered “Yes.”		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Domestic Violence (For During Program Enrollment Only)		
Is the client a domestic violence victim/survivor?	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know
If yes, How long ago did you have this experience?	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago <input type="checkbox"/> 6 months to one year	<input type="checkbox"/> One year ago or more <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Financial Assessment			
Income Source	Stated Income (Monthly)	Non-Cash Resources	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income (<i>employment wages / cash</i>)	\$	<input type="checkbox"/> Special Supplemental nutritional Program Women and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security) (SSA)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income	\$		
Date of Contact ___/___/___			
Current Living Situation: Outreach Contact			
Record the client's current living situation information below.			
1. Living Situation:	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter (i.e. CHSS, Mission, Respite, Rest House) <input type="checkbox"/> Safe Haven <input type="checkbox"/> Other (i.e., TH, PH) <input type="checkbox"/> Worker unable to determine		