

HMIS Annual/Update Form PATH

Client DMH #: _____

Program Update Date: _____

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) ____/____/_____
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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 ____/____/_____
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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	<input type="checkbox"/> Yes (Enter Sources Below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> State Children's Health Insurance (SCHIP)	<input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Funded Insurance Adults (Medi-Cal)
	<input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other: (Specify) _____

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

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 (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

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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 (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 “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

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Financial Assessment - Check all that apply and enter amount			
Income Source (Check all that apply)	Stated Income (Monthly)	Non-Cash Resources (Check all that apply)	Stated Amount (Monthly)
<input type="checkbox"/> Yes <i>(Check all sources below that apply)</i> <input type="checkbox"/> No <i>(Ends this section)</i> <input type="checkbox"/> Client Doesn't Know <i>(Ends this section)</i> <input type="checkbox"/> Client Refused <i>(Ends this section)</i>		<input type="checkbox"/> Yes <i>(Check all sources below that apply)</i> <input type="checkbox"/> No <i>(Ends this section)</i> <input type="checkbox"/> Client Doesn't Know <i>(Ends this section)</i> <input type="checkbox"/> Client Refused <i>(Ends this section)</i>	
<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 Non-Cash Sources (Specify): _____	\$
<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)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income (Specify): _____	\$		

Contact	
Date of Contact (E.G. 05/24/2010) _____ / _____ / _____	Contact Service: 572 PATH HMIS Update Form
Will the client be staying on the Streets, in Emergency Shelter, or Safe Haven tonight?	<input type="checkbox"/> Yes (I) <input type="checkbox"/> No (J) <input type="checkbox"/> Worker unable to determine (K)