**HMIS Iowa PC PATH Entry Additional Questions - for Adults HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***STREET OUTREACH and NBN SHELTERS - Please fill out a Current Living Situation Assessment in unison with the entry assessment***

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| **Client’s Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date of Engagement: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**  **Date of PATH Status Determination: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**  **Client Became Enrolled in PATH:** \_\_\_\_\_Yes \_\_\_\_\_No  **If No for “Client Became Enrolled in Path”:**  **Reason for Not Enrolling in PATH:**  \_\_\_\_Client found ineligible for PATH \_\_\_\_Client was not enrolled for other reasons \_\_\_\_ Unable to Locate Client |
| **Connection to SOAR?**  \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Street Outreach Contact:**  **Date of Contact: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Staying on Streets, ES or SH:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Worker unable to determine |