

PATH Update

Interim Date: ____/____/____ Name of Head of Household: _____
 Project Name (Enter Data As): _____

Client _____
 Name Client ID

ANSWER FOR ALL CLIENTS (only if changes occurred)

Disabilities

i If one or more of the options below with an asterisk(*) has been selected, the answer to “disabling condition” must be “yes.”
 If none of the answers below with an asterisk(*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

Health Insurance

Covered by Health Insurance No Yes Client doesn't know Client prefers not to answer

Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Veteran's Health Administration (VHA)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

i HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

i **Data Entry Tip:** Remember to end date old records and create new records each time a source of health insurance changes.

ANSWER FOR ADULTS AND HEAD OF HOUSEHOLD (only if changes occurred)

Monthly Income

Income from Any Source No Yes Client doesn't know Client prefers not to answer

Total Monthly Income \$ _____

Alimony and other spousal support No Yes: \$ _____

Child support No Yes: \$ _____

Earned income (i.e., employment income) No Yes: \$ _____

General Assistance (GA) No Yes: \$ _____

Other (specify): _____ No Yes: \$ _____

Pension or retirement income from a former job No Yes: \$ _____

Private disability insurance No Yes: \$ _____

Retirement Income from Social Security No Yes: \$ _____

Social Security Disability Insurance (SSDI) No Yes: \$ _____

Supplemental Security Income (SSI) No Yes: \$ _____

Temporary Assistance for Needy Families (TANF) No Yes: \$ _____

Unemployment Insurance No Yes: \$ _____

VA Non-Service-Connected Disability Pension No Yes: \$ _____

VA Service-Connected Disability Compensation No Yes: \$ _____

Worker's Compensation No Yes: \$ _____

i HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.

i **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

Non-Cash Benefits

Non-Cash Benefits from Any Source No Yes Client doesn't know Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) No Yes

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) No Yes

TANF Child Care services No Yes

TANF transportation services No Yes

Other TANF-funded services No Yes

Other (specify): _____ No Yes

i HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

i **Data Entry Tip:** Remember to end date old records and create new records each time a source of non-cash benefit changes.

Domestic Violence

i "Domestic violence" is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Survivor of Domestic Violence? No Yes Client doesn't know Client prefers not to answer

If yes, when experience occurred

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Three to six months ago
<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than a year ago
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

If yes, currently fleeing? No Yes Client doesn't know Client prefers not to answer

Current Living Situation – should be answered for each adult/HoH interacted with!

Date: _____/_____/_____

Current living situation (Where is the client staying right now?)

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY funded host home shelter
- Safe haven
- Other (specify): _____
- Worker unable to determine

Date of Engagement

i Date of Engagement (DOE) is recorded only when direct client relationship results in a deliberate ongoing assessment or case plan. If the project has not developed an intensive relationship with the client by exit, this should be left blank. Only one DOE is allowed during entire project enrollment. The date is only valid if it occurs between project start and project exit.

Date of Engagement _____/_____/_____

PATH Status

i Record the date on which the client’s eligibility for PATH was determined, as well as the details about that determination. This date must be on or after the Project Start Date. Leave blank if the client’s eligibility for PATH has not yet been determined.

Date of Status Determination _____/_____/_____

Client Became Enrolled in PATH No Yes

- If no, reason not enrolled**
- Client was found ineligible for PATH
 - Client was not enrolled for other reason(s)
 - Unable to locate client

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Connection with SOAR No Yes Client doesn’t know Client prefers not to answer