Please complete for each person served.

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S**ervicePointClient ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_

**Name Type**:  Full Name Reported

  Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**SSN**: \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN Type:**  Full

 Approximate/Partial

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**U.S. Military Veteran? (Clients 18 and older)**: Yes No Client Doesn’t Know Client Prefers Not to Answer

Data Not Collected

**DOB**(mm/dd/yyyy) \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ **DOB Type:**   Full DOB

 Approximate or Partial DOB

 Client Doesn’t Know  Client Prefers Not to Answer

 Data Not Collected

**Race and Ethnicity (Select up to 5):**

American Indian, Alaska Native, or Indigenous  Native Hawaiian or Pacific Islander

 Asian or Asian American  White

 Black, African American, or African  Client Doesn’t know

 Hispanic/Latina/e/o  Client Prefers Not to Answer

 Middle Eastern or North African  Data Not Collected

**Additional Race and Ethnicity Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender (Select all that Apply)**:

 Woman (Girl, if child)  Questioning

* Man (Boy, if child)  Different Identity

 Culturally Specific Identity (e.g., Two-Spirit)  Client Doesn’t Know

* Transgender  Client Prefers Not to Answer
* Non-Binary  Data Not Collected

**If Different Identity, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the client have a disabling condition?**  Yes No Client Doesn’t Know Client Prefers Not to Answer

Data Not Collected

**Relationship to Head of Household:**  Self (Head of Household)

 Head of Household’s Child

 Head of Household’s Spouse or Partner

 Head of Household’s other relation member (other relation to head of household)

 Other Non-Relation Member

 Data Not Collected

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ ES Voucher or Host Home Shelter

 Safe Haven

**-INSTITUTIONAL SITUATIONS-**

 Foster Care Home or Foster Care Group Home

 Hospital or other Residential Non-Psychiatric Medical Facility

 Jail, Prison or Juvenile Detention Facility

 Long-Term Care Facility or Nursing Home

 Psychiatric Hospital or Other Psychiatric Facility

 Substance Abuse Treatment Facility or Detox Center

**-TEMPORARY HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATION-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

* GPD TIP Housing Subsidy
* VASH Housing Subsidy
* RRH or Equivalent Subsidy
* HCV Voucher (Tenant or Project Based) (Not Dedicated)
* Public Housing Unit
* Rental By Client, With Other Ongoing Housing Subsidy
* Housing Stability Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other Permanent Housing Dedicated for Formerly Homeless Persons

 Owned by Client, with Ongoing Housing Subsidy

 Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**Length of stay in previous place:**  One night or less  One year or longer

  Two to six nights  Client Doesn’t Know

  One week or more but less than one month  Client Prefers Not to Answer

  One month or more but less than 90 days  Data Not Collected

  90 days or more but less than one year

**Approximate Date Current Episode of Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

 Data Not Collected

**Income from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

 **Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No Data Not Collected | Alimony or Other Spousal Support | $ |
| Yes  No Data Not Collected | Child Support | $ |
| Yes  No Data Not Collected | Earned Income | $ |
| Yes  No Data Not Collected | General Assistant | $ |
| Yes  No Data Not Collected | Other (please specify) | $ |
| Yes  No Data Not Collected | Pension or Retirement Income From Another Job | $ |
| Yes  No Data Not Collected | Private Disability Insurance | $ |
| Yes  No Data Not Collected | Retirement Income From Social Security | $ |
| Yes  No Data Not Collected | SSDI  | $ |
| Yes  No Data Not Collected | SSI  | $ |
| Yes  No Data Not Collected | TANF | $ |
| Yes  No Data Not Collected | Unemployment Insurance | $ |
| Yes  No Data Not Collected | VA Non-Service Connected Disability Pension | $ |
| Yes  No Data Not Collected | VA Service Connected Disability Compensation | $ |
| Yes  No Data Not Collected | Worker’s Compensation  | $ |
|  | **Total Monthly Income** | **$** |

**Monthly Income Start Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Monthly Income End Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Non-Cash Benefit from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount** *(when applicable)* |
| Yes  No Data Not Collected | Supplemental Nutrition Assistance Program (Food Stamps)  | $ |
| Yes  No Data Not Collected | Special Supplemental Nutrition Program for WIC | $ |
| Yes  No Data Not Collected | TANF Child Care services | $ |
| Yes  No Data Not Collected | TANF Transportation services | $ |
| Yes  No Data Not Collected | Other TANF-funded services | $ |
| Yes  No Data Not Collected | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Non-Cash Benefits Start Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Non-Cash Benefits End Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Covered by Health Insurance?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No Data Not Collected | MEDICAID |
| Yes  No Data Not Collected | MEDICARE  |
| Yes  No Data Not Collected | State Children’s Health Insurance Program  |
| Yes  No Data Not Collected | Veteran’s Health Administration (VHA) Medical Services  |
| Yes  No Data Not Collected | Employer-Provided Health Insurance  |
| Yes  No Data Not Collected | Health Insurance obtained through COBRA |
| Yes  No Data Not Collected | Private Pay Health Insurance  |
| Yes  No Data Not Collected | State Health Insurance for Adults |
| Yes  No Data Not Collected | Indian Health Services Program  |
| Yes  No Data Not Collected | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Start Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**(HOPWA) If Private Pay Insurance, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(HOPWA) If No, Reason Not Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**End Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**Health, Substance Use, and Disabilities**

**Do you have a disabling condition?**

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

|  |  |
| --- | --- |
| **Disability Type** | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Alcohol Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Both Alcohol and Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Chronic Health Condition**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Developmental**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **HIV/AIDS**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Mental Health Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Physical**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |

**Start Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Survivor of Domestic Violence?**  Yes  Client Prefers Not to Answer

  No  Data Not Collected

  Client Doesn’t Know

**If Yes For Survivor of Domestic Violence When Experience Occurred:**

 Within the past three months  More than a year ago

 Three to six months ago  Client Doesn't know

  From six to twelve months ago  Client Prefers Not to Answer

  Data Not Collected

**If Yes For Survivor of Domestic Violence Victim/Survivor, Are You Fleeing?**

 Yes  Client Prefers Not to Answer   No  Data Not Collected

 Client Doesn't know

**Current Living Situation**

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Information Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Current Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ ES Voucher or Host Home Shelter

 Safe Haven

**-INSTITUTIONAL SITUATIONS-**

 Foster Care Home or Foster Care Group Home

 Hospital or other Residential Non-Psychiatric Medical Facility

 Jail, Prison or Juvenile Detention Facility

 Long-Term Care Facility or Nursing Home

 Psychiatric Hospital or Other Psychiatric Facility

 Substance Abuse Treatment Facility or Detox Center

**-TEMPORARY HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATION-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

* GPD TIP Housing Subsidy
* VASH Housing Subsidy
* RRH or Equivalent Subsidy
* HCV Voucher (Tenant or Project Based) (Not Dedicated)
* Public Housing Unit
* Rental By Client, With Other Ongoing Housing Subsidy
* Housing Stability Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other Permanent Housing Dedicated for Formerly Homeless Persons

 Owned by Client, with Ongoing Housing Subsidy

 Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

Other

Worker Unable to Determine

Client Doesn’t Know

Client Prefers Not to Answer

Data Not Collected

**Living Situation Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Client Going to Have to Leave Their Current Living Situation Within 14 Days?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to answer  Data Not Collected

**If ‘Yes’ to ‘Is Clients Going to Have to Leave Their Current Living Situation Within 14 Days?’ Answer the Following Questions.**

**Has a Subsequent Residence Been Identified?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to answer  Data Not Collected

**Does Individual or Family Have Resources or Support Networks to Obtain Other Permanent Housing?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to answer  Data Not Collected

**Has The Client Had a Lease or Ownership Interest In a Permanent Housing Unit In the Last 60 Days?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to answer  Data Not Collected

**Has The Client Moved 2 or More Time In the Last 60 Days?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to answer  Data Not Collected

**Location Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Engagement: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of PATH Status Determination: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Became Enrolled in PATH:**  Yes  No

**If no, reason not enrolled:** Client was found ineligible for PATH

 Client was not enrolled for other reason(s)

 Unable to locate Client

**Connection with SOAR:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

***Maine Required Data Elements:***

**Zip Code of Last Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip data quality for last permanent address:** Full or Partial Zip Code Report Client doesn’t know

Client Prefers Not to Answer

**Release of Information Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**Type of Release:** None Signed by Client Verbal