Interim Assessment – PATH SO, SSO

This form should be used by Street Outreach (SO) or Supportive Services Only (SSO) Projects with PATH funding for all clients. (children pages 1; other adults pages 1-4; heads of household pages 1-6)

ANSWER FOR ALL HOUSEHOLD MEMBERS

DATE OF INTERIM									
		/			/				
Month			Day			Year			

TYPE OF INTERIM	
☐ Update	☐ Annual Assessment

CLIENT NAME

HMIS CLIENT ID - For HMIS Users only								

Disability Status - Do you have a disabling condition?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Answer 'Yes' or 'No' for each disability type (in white).
Only select YES if the disability type is expected to be long-continued and indefinite and substantially impairs your ability to live independently.
For Office HMIS Users Only: If the client identifies Yes for any disability type, mark *Disability Determination* and *Long-Continued or Indefinite Duration* questions as Yes. The disability type's Start Date will be the Project Start Date.

Disability Type	Yes	No
Physical	☐	☐
Chronic Health Condition	☐	☐
HIV/AIDS	☐	☐
Developmental	☐	☐
Alcohol Use Disorder	☐	☐
Substance Use Disorder	☐	☐
Mental Health Disorder	☐	☐

Health Insurance – Are you currently covered by health insurance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Answer 'Yes' or 'No' for each health insurance source.
Answer 'Yes' for any source that is currently received.
Answer 'No' for sources that have been terminated, even if they were received in the past.
For Office HMIS Users Only: If the client identifies Yes for any insurance type, the health insurance type's Start Date will be the Project Start Date.

Health Insurance Type	Yes	No
Medicaid	☐	☐
Medicare	☐	☐
State Children's Health Insurance Program (or North Carolina Health Choice)	☐	☐
Veteran's Health Administration (VHA)	☐	☐
Employer-Provided Health Insurance	☐	☐
Health insurance obtained through COBRA	☐	☐
Private Pay Health Insurance	☐	☐
State Health Insurance for Adults	☐	☐
Indian Health Services Program	☐	☐
Other If Yes, specify source:	☐	☐

NC County Of Service **In which NC county are you receiving this project's services?**	

ONLY ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Income and Sources - Do you currently have any income from any source?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each monthly income source.
Answer 'Yes' only if the income source is recurrent and received as of today (i.e. not terminated). Children's income (except earned income) can be included under the Head of Household's information.
Answer 'No' for sources that have been terminated, even if they were received in the past.
If the response for any source is 'Yes', complete the amount in the shaded sections below.
For Office HMIS Users Only: If the client identifies Yes for any income source, the source's Start Date will be the Project Start Date.

Source of Income	**Yes**	**No**	**If yes, monthly amount from source (round to nearest dollar)**
Earned income (i.e., employment income)	☐	☐	$
Unemployment Insurance	☐	☐	$
Supplemental Security Income (SSI)	☐	☐	$
Social Security Disability Income (SSDI)	☐	☐	$
VA Service-Connected Disability Compensation	☐	☐	$
VA Non-Service-Connected Disability Pension	☐	☐	$
Private disability insurance	☐	☐	$
Worker's Compensation	☐	☐	$
Temporary Assistance for Needy Families (TANF)	☐	☐	$
General Assistance (GA)	☐	☐	$
Retirement Income from Social Security	☐	☐	$
Pension or retirement income from a former job	☐	☐	$
Child support	☐	☐	$
Alimony or other spousal support	☐	☐	$
Other source:	☐	☐	$
Total monthly income from all sources			$

Non-Cash Benefits - Do you have any non-cash benefits from any source?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each non-cash benefit.
Answer 'Yes' only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
Answer 'No' for non-cash benefit that have been terminated, even if they were received in the past.
If the response for any non-cash benefit is 'Yes', complete the shaded section.

Source of Non-Cash Benefit	**Yes**	**No**	**If yes, monthly amount from source (round to nearest dollar)**
Supplemental Nutrition Assistance Program (SNAP)	☐	☐	$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	☐	$
TANF Child Care services *(or use local name)*	☐	☐	$
TANF transportation services *(or use local name)*	☐	☐	$
Other TANF-Funded Services *(or use local name)*	☐	☐	$
Other source:	☐	☐	$

Domestic Violence - Are you a survivor of domestic violence?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If YES, When did the experience occur?	
☐ Within the past three months	☐ Don't know
☐ Three to six months ago (excluding six months exactly)	☐ Prefer not to answer
☐ Six months to one year ago (excluding one year exactly)	☐ Data not collected
☐ One year ago or more	

If YES, Are you currently fleeing?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Current Living Situation **When was this contact with you?**			/			/				

Type Of Current Living Situation - Where were you living during this contact?
If the response is an Institutional, Temporary, or Permanent situation, follow-up questions are listed below.

Homeless	☐	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
Institutional	☐	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	☐	Residential project or halfway house with no homeless criteria
	☐	Hotel or motel paid for *without* emergency shelter voucher
	☐	Transitional housing for homeless persons (including homeless youth)
	☐	Host Home (non-crisis)
	☐	Staying or living in a friend's room, apartment, or house
	☐	Staying or living in a family member's room, apartment or house
Permanent	☐	Rental by client, no ongoing housing subsidy
	☐	Rental by client, with other ongoing housing subsidy (Please Specify) ☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ Housing Choice Voucher (HCV) ☐ 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 (PSH) ☐ Other permanent housing dedicated for formerly homeless persons
	☐	Owned by client, no ongoing housing subsidy
	☐	Owned by client, with ongoing housing subsidy
Other	☐	Other (specify):
	☐	Don't know
	☐	Prefer not to answer
	☐	Data not collected

Living Situation verified by: Name the verifying agency and project

If Institutional, Temporary, Or Permanent Current Living Situation **Are you going to have to leave your current living situation within 14 days?**				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If Yes to, "you are going to have to leave their current living situation within 14 days?"					
Answer all	**Has a subsequent residence been identified?**				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected
	Do you or your family have resources or support networks to obtain other permanent housing?				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected
	Have you had a lease or ownership interest in a permanent housing unit in the last 60 days?				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected
	Have you moved 2 or more times in the last 60 days?				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Current Living Situation - Location details

DATE OF ENGAGEMENT **Did the client agree to a case plan on this contact? If so, list the date?**			/			/				
		Month			Day			Year		

DATE OF STATUS DETERMINATION **Date the client was determined eligible and enrolled, eligible and client refused, or ineligible and not enrolled in PATH Program.**			/			/				
		Month			Day			Year		

CLIENT BECAME ENROLLED IN PATH PROGRAM	
☐ Yes	☐ No

IF NO, reason not enrolled		
☐ Client was found ineligible for PATH	☐ Client was not enrolled for other reasons	☐ Unable to locate client

CONNECTION WITH SOAR (PATH only) – Has the client been referred to a SOAR case manager?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

Coordinated Entry Assessment - For Staff Only										
Date Of Assessment			/			/				

Assessment Location		
Orange CoC	☐ CEF	
	☐ Housing Helpline	
	☐ HomeLink	
	☐ IFC Commons	
	☐ Jail	
	☐ Medical Provider	
	☐ Outreach	
	☐ Shelter	
BoS CoC	☐ Region 1	☐ Region 8
	☐ Region 2	☐ Region 9
	☐ Region 3	☐ Region 10
	☐ Region 4	☐ Region 11
	☐ Region 5	☐ Region 12
	☐ Region 6	☐ Region 13
	☐ Region 7	
Durham	☐ Durham CoC	

Assessment Type	☐ Phone
	☐ In Person
	☐ Virtual

Assessment Level	☐ Crisis Needs Assessment
	☐ Housing Needs Assessment

Prioritization Status	☐ Placed on Prioritization List
	☐ Not Placed on Prioritization List

Coordinated Entry Event – For Staff Only										
Start Date / Date Of Event			/			/				

Event		
Access Events	☐ Referral to Prevention Assistance project	
	☐ Problem Solving/Diversion/Rapid Resolution intervention or service	→ **Go to A**
	☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment	
	☐ Referral to scheduled Coordinated Entry Housing Needs Assessment	→ **Go to B**
Referral Events	☐ Referral to post-placement/follow-up case management	
	☐ Referral to Street Outreach project or services	
	☐ Referral to Housing Navigation project or services	
	☐ Referral to Non-continuum services: Ineligible for continuum services	
	☐ Referral to Non-continuum services: No availability in continuum services	
	☐ Referral to Emergency Shelter bed opening	→ **Go to C**
	☐ Referral to Transitional Housing bed/unit opening	
	☐ Referral to Joint TH-RRH project/unit/resource opening	
	☐ Referral to RRH project resource opening	
	☐ Referral to PSH project resource opening	
	☐ Referral to Other PH project/unit/resource opening	

	☐ Referral to emergency assistance/flex fund/furniture assistance	
	☐ Referral to a Housing Stability Voucher	

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:										
A.	**Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?**	☐ Yes			☐ No					
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer B:										
B.	**Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?**	☐ Yes			☐ No					
If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:										
C.	**Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)**									
D.	**Referral Result** (if known)	☐ Client accepted			☐ Client rejected			☐ Provider rejected		
E.	**Date of Result** (if known)			/			/			