



**Step 1: Universal Data Collection**

Please complete the following basic client information and note that all fields with an \* are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information: \*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

<p><b>Name Data Quality:</b> *</p> <p><input type="checkbox"/> Full Name Reported</p> <p><input type="checkbox"/> Partial, Street Name or Code Name Reported</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> <p><b>Ethnicity:</b> *</p> <p><input type="checkbox"/> Hispanic/Latin(a)(o)(x)</p> <p><input type="checkbox"/> Non-Hispanic/Latin(a)(o)(x)</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> <p><b>Pregnancy Status:</b> *</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Due Date: _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> <p><b>Veteran Status:</b> *</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p>	<p><b>Social Security Number:</b> *</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Full SSN Reported</p> <p><input type="checkbox"/> Approximate or Partial SSN Reported</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> <p><b>Race:</b> * <i>Select All That Apply</i></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian or Asian American</p> <p><input type="checkbox"/> Black, African American, or African</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> <p><b>Relationship to Head of Household:</b> *</p> <p><input type="checkbox"/> Self      <input type="checkbox"/> Grandchild</p> <p><input type="checkbox"/> Son        <input type="checkbox"/> Other Family Member</p> <p><input type="checkbox"/> Daughter   <input type="checkbox"/> Other Non-Family</p> <p><input type="checkbox"/> Dependent Child</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Foster Child</p>	<p><b>Birthdate:</b> *</p> <p><input type="checkbox"/> Full DOB Reported</p> <p><input type="checkbox"/> Approximate or Partial DOB Reported</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> <p><b>Gender:</b> *</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Questioning</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p>
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Contact Information:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**Step 2: Project Enrollment**

Complete the project enrollment information and please note all fields with an \* are required fields. Complete additional forms for each household member enrolled.

Project Start Date: \* \_\_\_\_\_ Case Manager: \* \_\_\_\_\_

Project:

- PATH Street Outreach (*persons who generally reside in a place not meant for human habitation*)
- PATH Supportive Services Only (SSO) (*persons who generally reside in a place meant for human habitation or who are at risk of homelessness*)

**Step 3: Entry Assessments**

Complete the following entry assessments and please note all fields with an \* are required fields.

Disabling Condition: \*

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Prior Living Situation for **PATH Street Outreach Project Participants**: \* (if client is SSO, please go to page 4)

**HOMELESS SITUATIONS**

- Place not meant for habitation (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

**INSTITUTIONAL SITUATIONS**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention center
- Long-term care facility or nursing home
- Rental by client, with GPD, TIP housing subsidy
- Psychiatric Hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

**TEMPORARY AND PERMANENT HOUSING SITUATIONS**

- 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
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
  
- Rental by client in a public housing unit
- Rental by client, with no ongoing housing subsidy
  
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Length of stay in the prior living situation:

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client Doesn't Know
- Client Refused
- Data Not Collected

Approximate date 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
- Two Times
- Three Times
- Four Times
- or more times
- Client Doesn't Know
- Client Refused
- Data Not Collected

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)

- 2-12 months
  - Number of months (2-12): \* \_\_\_\_\_
- More than 12 months
- Client Doesn't Know
- Client Refused
- Data Not Collected

If the client's prior living situation is an INSTITUTIONAL SITUATION, answer the following questions:

**INSTITUTIONAL SITUATIONS**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention center
- Long-term care facility or nursing home
- Psychiatric Hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Did you stay less than 90 days? \*

- Yes

If yes, then length of stay in the prior living situation: \*

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- Client Doesn't Know
- Client Refused
- Data Not Collected

- No

If No, then length of stay in the prior living situation: \*

- 90 days or more, but less than one year
- One year or longer
- Client Doesn't Know
- Client Refused
- Data Not Collected

On the night before did you stay on the streets, ES or SH: \*

- Yes, approximate date homelessness started: \_\_\_\_\_
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

If the client's prior living situation is a TEMPORARY OR PERMANENT HOUSING SITUATION, answer the following questions:

**TEMPORARY AND PERMANENT HOUSING SITUATIONS**

- 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
- Rental by client, with GPD TIP housing subsidy

- Rental by client, with VASH housing subsidy
  - Permanent housing (other than RRH) for formerly homeless persons
  - Rental by client, with RRH or equivalent subsidy
  - Rental by client, with HCV voucher (tenant or project based)
  - Rental by client in a public housing unit
  - Rental by client, with no ongoing housing subsidy
  - Rental by client, with other ongoing housing subsidy
  - Owned by client, with ongoing housing subsidy
  - Owned by client, no ongoing housing subsidy
- OTHER**
- Client Doesn't Know
  - Client Refused
  - Data Not Collected

Did you stay less than 7 nights? \*

- Yes
- No

If yes, then length of stay in the prior living situation: \*

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- Client Doesn't Know
- Client Refused
- Data Not Collected

If No, then length of stay in the prior living situation: \*

- One week or more, but less than one month
- One month or longer, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client Doesn't Know
- Client Refused
- Data Not Collected

On the night before did you stay on the streets, ES or SH: \*

- Yes, approximate date homelessness started: \_\_\_\_\_
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Covered by Health Insurance:

- Yes
- No
- \*  Client Doesn't Know
- Client Refused
- Data Not Collected

Type of Insurance: \*

- Medicaid
- Medicare
- State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- Military Insurance
- State Funded
- Health Insurance Obtained through COBRA
- Combined Children's Health Insurance/Medicaid Program
- Private
- Private Employer
- Private Individual
- State Health Insurance for Adults (HIP or HIP 2.0)
- Indian Health Service (IHS)
- Other Public
- Other \_\_\_\_\_

SOAR Connection Assessment: \*

Assessment Date: \* \_\_\_\_\_

Connection with SOAR: \*

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

HMIS Barriers Assessment: \*

**Alcohol Use Disorder**

Barrier Present?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

**Developmental Disability**

Barrier Present?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

**Drug Use Disorder**

Barrier Present?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

**HIV/AIDS**

Barrier Present?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

**HIV/AIDS Continued**

Condition is Indefinite?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

**Mental Health**

Barrier Present?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

**Physical Disability**

Barrier Present?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

**Chronic Health Condition**

Barrier Present?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Condition is Indefinite?

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Domestic Violence Assessment of Victim:

\*Is client a victim of domestic violence: \*

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

Currently Fleeing: \*

- Yes  No
- Client Doesn't Know  Client Refused
- Data Not Collected

If yes when experience occurred: \*

- Within the past three months
- Three to six months ago (excluding 6 months exactly)
- Six months to one year ago (excluding 1 year exactly)
- One year ago, or more
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Financial Assessment: \*** Income from Any Source: \*  
 Yes  No

- Earned Income \$ \_\_\_\_\_
- Self Employment \$ \_\_\_\_\_
- Unemployment Insurance \$ \_\_\_\_\_
- Supplemental Security Income \$ \_\_\_\_\_
- Social Security Disability Income \$ \_\_\_\_\_
- Veteran's Pension \$ \_\_\_\_\_
- VA Service-Connected Disability \$ \_\_\_\_\_
- VA Nonservice-Connected Disability \$ \_\_\_\_\_
- Private Disability Insurance \$ \_\_\_\_\_
- Worker's Compensation \$ \_\_\_\_\_
- TANF \$ \_\_\_\_\_
- General Assistance (GA) \$ \_\_\_\_\_
- Retirement (Social Security) \$ \_\_\_\_\_
- Pension/Retirement Former Job \$ \_\_\_\_\_
- Other Pension \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other Income \$ \_\_\_\_\_

**Non-Cash Benefits: \***  Yes  No

- Supplemental Nutrition Assistance Program (SNAP) \$ \_\_\_\_\_
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Other Source

**Adult Education Assessment:**

**\*Last Grade Completed: \***

- |  |   |
|--|---|
| <input type="checkbox"/> Less than grade 5                         | <input type="checkbox"/> Some college           |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> associate degree       |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Bachelor's degree      |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Graduate degree        |
| <input type="checkbox"/> Grade 12/High School Diploma              | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know    |
| <input type="checkbox"/>   | <input type="checkbox"/> Client Refused         |
| <input type="checkbox"/>   | <input type="checkbox"/> Data Not Collected     |

**School Status:**

- |   |  |
|---|--|
| <input type="checkbox"/> Attending school regularly   | <input type="checkbox"/> Suspended           |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled            |
| <input type="checkbox"/> Graduated from high school   | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Dropped out                  | <input type="checkbox"/> Data Not Collected  |

**Current Living Situation Assessment:**

**\*Living Situation: \***

**HOMELESS SITUATIONS**

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Safe Haven

**OTHER**

- Other
- Worker unable to determine

Location detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact: \***

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

Contact Service: \_\_\_\_\_

*Self-Sufficiency Matrix and AMI Assessments also available.*

*Other helpful resources at:*

<https://www.in.gov/ihcda/4155.htm>