Oahu's Continuum of Care

For data entry purposes only: Client ID:

■ Security deposits

□ Substance use treatment

PARTNERS IN CA	RE	PATH Project Exit
*Last Name:	*DOB:	*Exit Date:
*First Name:	*SSN (last 4 digits):	*Project:
	Current Living Situation	
 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 		□ Safe Haven □ Worker unable to determine
shelter voucher, or Host Home	☐ Other	
Location details:		
	t Case Management or Outreach service hose specific forms from the PATH Dashb	
☐ Case management	☐ Housing minor renovation	□ Re-engagement
☐ Clinical Assessment	☐ Housing moving assistance	☐ Residential supportive services
☐ Community mental health	Housing eligibility determination	□ Screening/assessment
□ Habilitation/rehabilitation	One-time rent for eviction	D Security deposits

* <u>Referrals</u>	Referral Date		
Community Mental Health		□ Referred	□ Attained
Educational Services		□ Referred	□ Attained
Employment Assistance		□ Referred	□ Attained
Housing Placement Assistance		□ Referred	□ Attained
Income Assistance		□ Referred	□ Attained
Job Training		□ Referred	□ Attained
Medical Assistance		□ Referred	□ Attained
Primary Health Services		□ Referred	□ Attained
Relevant Housing Services		□ Referred	□ Attained
Substance Use Treatment		□ Referred	■ Attained

prevention

☐ Habilitation/rehabilitation

Exit Destination

* <u>Homeless Situa</u>	<u>tion:</u>		
_	cy shelter, including hotel or motel paid for w or Host Home Shelter	vith emergency shelter	
☐ Place no	t meant for habitation		
□ Safe Hav	en		
Institutional Situa	ation:	Other Exit Destination:	
☐ Foster ca	re home/foster care group home	□ Deceased	
 ☐ Hospital or other residential non psychiatric medical facility ☐ Jail, prison, juvenile detention facility ☐ Long-term care facility or nursing home 			
		☐ Client doesn't know	
		☐ Client prefers not to answer	
Psychiatri	ic hospital or other psychiatric facility	☐ Other	
□ Substance use treatment facility or detox center			
<u>Transitional House</u>	sing Situation:		
□ Transition	al housing for homeless persons (including ho	omeless youth)	
Residenti	al project or halfway house with no homeless	criteria	
\Box Hotel or N	Motel paid for without emergency shelter vou	ucher	
☐ Host Hom	ne (non-crisis)		
Staying o	r living in a friend's room, apartment, or house	9,	
□ Staying o	r living in a family member's room, apartmen	for house	
	ousing Situation:		
	by client, no ongoing housing subsidy		
	by client, with ongoing housing subsidy** (ple	ase select retital subsidy type below)	
	by client, no ongoing housing subsidy		
□ Owned	by client, with ongoing housing subsidy		
	☐ GPD TIP housing subsidy	☐ Housing Stability Voucher	
	□ VASH Housing subsidy	☐ Family Unification Program Voucher (FUP)	
**Rental	☐ RRH or equivalent subsidy	☐ Foster Youth to Independent subsidy	
Subsidy	☐ HCV voucher (tenant or project based)	figspace Foster Youth to Independence Initiative (FYI	
Type:	(not dedicated)	☐ Permanent Supportive Housing	
	☐ Public Housing Unit	☐ Other permanent housing dedicated for	
	☐ Housing Stability Voucher	formerly homeless persons	

Disabling Conditions

Long Term defined: expected to be of long-continued and indefinite duration and impairs their ability to				ir ability to	
live independently Physical Disability:	□Yes**	☐ Client doesn't know			
<u> , o . o . o . o . o . o . o</u>	□No	☐ Client prefe	ers not to answer	**If yes, long term?	
5					□ No
<u>Developmental</u> <u>Disability</u>	□Yes	☐ Client does	n't know		
Discipling	□No	☐ Client prefe	ers not to answer		
Chronic Health	□Yes**	Client door	n't know		
<u>Condition</u>	□No	☐ Client doesn't know☐ Client prefers not to answer		**If yes, long term?	□Yes
		u Clieni prere	is not to driswer		□ No
HIV - AIDS	□Yes	☐ Client does	n't know		
	□No	☐ Client prefe	ers not to answer		
Mental Health Disorder		☐ Client doesn't know		**If yes, long term?	□Yes
	□No	☐ Client prefe	ers not to answer		□ No
<u>Substance Use Disorde</u>	_	☐ Client does	n't know	**If yes, long term?	□Yes
□Alcohol use**		☐ Client prefe	ers not to answer		□ No
■Drug use**	□Neither	•			
Domestic Violence	□Yes** □ Client prefers not to □No □ Client doesn't know		ers not to answer	**When DV experi	
<u>Survivor</u>				☐ Less than 3 months	
		☐ Client doesn't know		□ 3 months - less	
Currently Fleeing DV	□Yes**	☐ Client prefers not to answer		☐ 6 months - less	than a year
	□No	☐ Client does	n't know	☐ 1 year or more	
				☐ Client doesn't k	
				□ Client prefers n	ot to answer
	HU	D Financial <i>i</i>	Assessment		
Income From Any Sour	ce? □ Yes**	☐ Client does	sn't know		
	□ No	☐ Client prefe	ers not to answer		
**If yes, select all that o	apply, and enter the	e amount earne	ed per MONTH.		
□ \$Unemploym	nent		□ \$TANF		
□ \$Earned Income (employment)		□ \$General Assistance			
□ \$SSI	1 \$ SSDI		□ \$Retiren	nent Income from Sc	ocial Security
□ \$VA Service Connected Disability Compensation		У	□ \$Pension/Retirement from a former job		
			□ \$Child Support		
\$\VA non-service Connected Disability Compensation		ability	□ \$Alimony/Spousal support		
□ \$Private Disability Insurance		□ \$Other i	ncome source, spec	cify below	
□ \$Worker's Co	mpensation				

Receiving N	on-Cash Benefits? If reci	eving Non-Cash bei	nefits, select all that apply:	
☐ Yes** ☐ No	☐ Client prefers not to answer	□ SNAP □ WIC □ TANF Childcare	□ TANF Transportation□ Other TANF Services□ Other non-cash benefit source	
Covered by Yes** No	Health Insurance? Client doesn't know Client prefers not to answer			
**If covered	I by insurance, select all that apply:			
 □ MEDICAID □ MEDICARE □ State Children's Health Insurance Program □ Veteran's Administration (VA) Medical Services □ Employer-Provided Health Insurance 		 □ Health Insurance Obtained Through COBRA □ Private Pay Health Insurance □ State Health Insurance for Adults □ Indian Health Services Program □ Other Health Insurance 		
	rly working, # of orked in the past week:	Name of Medical	Insurer:	
□ Success □ Comple □ Nonpay □ Noncor □ Crimina □ Reache □ Needs o	Exit: n/disappeared/abandoned unit sfully moved into housing eted program ment of rent/program fees inpliance with program activity/destruction of property/violence ed maximum time allowed by program could not be met by program ement with rule/persons	 □ Disagreement of Deceased □ Institutionalized □ Moved out of step out out out out out out out out out out	: Jail, Hospital, SA treatment tate: mainland tate: Compact of Free Association tate: out of country rent island within state	
Forwarding A	Address:	Exit Destination:	If ES, TH, or PH, which programs?	
	HUD P	ATH		
Client Becar	us Determination: me Enrolled in PATH No**		found ineligible for PATH not enrolled for other reasons	