Contact colorado.hmis@coloradocoalition.org for any questions regarding documents or collection practices.

HMIS Multimember Household Exit Packet (04/18/2016)

(FOR AGENCY USE ONLY)

Case Manager: _____ Program Exit Date: ____/____/_____

Number in Household: _____ Program Name/Grant:_____

This section is to be filled out for the Head of Household

Legal First Name: _____ **Legal Middle Name**:_____

Legal Last Name:_____ **Suffix**: _____

Program Exit

Destination: *(choose one)*:

☐ Deceased	☐ Rental by client, with VASH Housing Subsidy
☐ Emergency shelter, including hotel/motel paid for with emergency shelter voucher	☐ Rental by client, with GPD TIP subsidy
☐ Foster care home or foster care group home	☐ Rental by client, with other ongoing housing subsidy
☐ Hospital or other residential non-psychiatric medical facility	☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without an emergency shelter voucher	☐ Safe Haven
☐ Jail, prison or other juvenile detention facility	☐ Staying or Living with **Family, permanent tenure**
☐ Long-term care facility or nursing home	☐ Staying or Living with **Family, temporary tenure** (e.g. room, apartment or house)
☐ Moved from one HOPWA funded project to HOPWA PH	☐ Staying or Living with **Friends , permanent tenure**
☐ Moved from one HOPWA funded project to HOPWA TH	☐ Staying or Living with **Friends , temporary tenure** (e.g. room, apartment or house)
☐ Owned by client, no on-going housing subsidy	☐ Substance abuse treatment facility or detox center
☐ Owned by client, with on-going housing subsidy	☐ Transitional housing for homeless persons (including homeless youth)
☐ Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs; HOPWA PH)	☐ Other _____
☐ Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside)	☐ No exit interview completed
☐ Psychiatric hospital or other psychiatric facility	☐ Client Doesn't Know
☐ Rental by client, no ongoing housing subsidy	☐ Client Refused

Destination Address (optional): _____City: _____

County _____State_____ Zip Code_____

Health Information				
Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

HoH Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Note: This section is for special programs that require additional question sets.

HOPWA QUESTIONS *(Only answer these questions for HOPWA programs)*

Information Date: _____/_____/_____

Receiving Public HIV/AIDS Medical Assistance: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

***Reason (if no)*:** Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client

Information Date: _____/_____/_____

T-Cell (CD4) Count Available: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

PATH

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)

Connection with SOAR: ❑No ❑ Yes ❑Client doesn't know ❑Client refused

HoH INCOME/ NON-CASH/ HEALTH

Income Source (*Choose all that applies)* **Note: All PAY INTERVALS should be Monthly**

☐ No Financial Resources
☐ Earned Income (i.e. employment income) $_____
☐ Unemployment Insurance $_____
☐ Supplemental Security Income (SSI) $_____
☐ Social Security Disability Income (SSDI) $_____
☐ Veteran's Service-Connected Disability Compensation $_____
☐ Veteran's Non-Service-Connected Disability Compensation $_____
☐ Private Disability Insurance$_____
☐ Worker's Compensation $_____
☐ Temporary Assistance for Needy Families (TANF)$_____
☐ General Assistance (GA) $_____
☐ Retirement Income from Social Security $_____
☐ Pension from Former Job $_____
☐ Child Support $_____
☐ Alimony/Other Spousal Support $_____
☐ Aid to the Needy and Disabled (AND) $___
☐ Old Age Pension (OAP) $_____
☐ Other Sources $_____
☐ Client Doesn't Know
☐ Client Refused

Do you have documentation of all your sources? ☐ Yes ☐ No
What documentation do you have?_____

Non-Cash Benefits *(Check all that apply)*

☐ None
☐ TANF Child Care Assistance
☐ WIC (Women, Infants and Children)
☐ Other Benefit Source:_____
☐ Temporary Rental Assistance
☐ Other TANF-funded Services
☐ Food Stamps/SNAP $_____ (amount optional)
☐ TANF Transportation Services
☐ Client Doesn't Know
☐ Section 8 or Rental Assistance
☐ Client Refused

Health Insurance

☐ No Health Insurance
☐ Veteran's - VA Medical Services
☐ Client Doesn't Know
☐ Other_____
☐ Employer provided Health Insurance
☐ Client Refused
☐ MEDICAID
☐ COBRA
☐ MEDICARE
☐ Private Pay Health Insurance
☐ State Childen's Health Insurance
☐ State Adult Health Insurance

Person #2 (Adult Not HoH)				
Legal First Name: _____ Legal Middle Name: _____ Legal Last Name:_____ Suffix: _____				
Program Exit				
Person #2 Health Information				
Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Person #2 Adult/Not HoH Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Note: This section is for special programs that require additional question sets.

HOPWA QUESTIONS *(Only answer these questions for HOPWA programs)*

Information Date: _____/_____/_____

Receiving Public HIV/AIDS Medical Assistance: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

***Reason (if no)*:** Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client

Information Date: _____/_____/_____

T-Cell (CD4) Count Available: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

PATH

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)

Connection with SOAR: ❑No ❑ Yes ❑Client doesn't know ❑Client refused

Person #2 (Adult/Not HoH) INCOME/ NON-CASH/ HEALTH

Income Source (*Choose all that applies*) **Note: All PAY INTERVALS should be Monthly**

☐ No Financial Resources
☐ Earned Income (i.e. employment income) $_____
☐ Unemployment Insurance $_____
☐ Supplemental Security Income (SSI) $_____
☐ Social Security Disability Income (SSDI) $_____
☐ Veteran's Service-Connected Disability Compensation $_____
☐ Veteran's Non-Service-Connected Disability Compensation $_____
☐ Private Disability Insurance$_____
☐ Worker's Compensation $_____
☐ Temporary Assistance for Needy Families (TANF)$_____
☐ General Assistance (GA) $_____
☐ Retirement Income from Social Security $_____
☐ Pension from Former Job $_____
☐ Child Support $_____
☐ Alimony/Other Spousal Support $_____
☐ Aid to the Needy and Disabled (AND) $___
☐ Old Age Pension (OAP) $_____
☐ Other Sources $_____
☐ Client Doesn't Know
☐ Client Refused

Do you have documentation of all your sources? ☐ Yes ☐ No
What documentation do you have?_____

Non-Cash Benefits *(Check all that apply)*

☐ None
☐ TANF Child Care Assistance
☐ WIC (Women, Infants and Children)
☐ Other Benefit Source:_____
☐ Temporary Rental Assistance
☐ Other TANF-funded Services
☐ Food Stamps/SNAP $_____ (amount optional)
☐ TANF Transportation Services
☐ Client Doesn't Know
☐ Section 8 or Rental Assistance
☐ Client Refused

Health Insurance

☐ No Health Insurance
☐ Veteran's – VA Medical Services
☐ Client Doesn't Know
☐ Other_____
☐ Employer provided Health Insurance
☐ Client Refused
☐ MEDICAID
☐ COBRA
☐ MEDICARE
☐ Private Pay Health Insurance
☐ State Childen's Health Insurance
☐ State Adult Health Insurance

Note: This section is for special programs that require additional question sets.

HOPWA QUESTIONS *(Only answer these questions for HOPWA programs)*

Information Date: _____/_____/_____

Receiving Public HIV/AIDS Medical Assistance: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

***Reason (if no)*:** Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client

Information Date: _____/_____/_____

T-Cell (CD4) Count Available: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

PATH

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)

Connection with SOAR: ❑No ❑ Yes ❑Client doesn't know ❑Client refused

Person #3 (Child)				
Legal First Name: _____ **Legal Middle Name**: _____				
Legal Last Name: _____ **Suffix**: _____				
Program Exit				
Health Information				
Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Person #3 (Child) Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Person #3 Health Insurance					
☐ No Health Insurance	☐ Other_____	☐ MEDICAID	☐ MEDICARE	☐ State Childen's Health Insurance	
☐ Veteran's - VA Medical Services	☐ Employer provided Health Insurance		☐ COBRA	☐ Private Pay Health Insurance	☐ State Adult Health Insurance
☐ Client Doesn't Know	☐ Client Refused				

Person #4 (Child)				
Legal First Name: _____ **Legal Middle Name**: _____				
Legal Last Name: _____ **Suffix**: _____				
Program Exit				
Health Information				
Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Person #4 (Child) Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Person #4 Health Insurance					
☐ No Health Insurance	☐ Other_____	☐ MEDICAID	☐ MEDICARE	☐ State Childen's Health Insurance	
☐ Veteran's - VA Medical Services	☐ Employer provided Health Insurance		☐ COBRA	☐ Private Pay Health Insurance	☐ State Adult Health Insurance
☐ Client Doesn't Know	☐ Client Refused				

Person #5 (Child)				
Legal First Name: _____ **Legal Middle Name**: _____				
Legal Last Name: _____ **Suffix**: _____				
Program Exit				
Health Information				
Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Person #5 (Child) Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Person #5 Health Insurance					
☐ No Health Insurance	☐ Other_____	☐ MEDICAID	☐ MEDICARE	☐ State Childen's Health Insurance	
☐ Veteran's - VA Medical Services	☐ Employer provided Health Insurance		☐ COBRA	☐ Private Pay Health Insurance	☐ State Adult Health Insurance
☐ Client Doesn't Know	☐ Client Refused				

Client Signature: _____ Date: _____