

Contact <u>colorado.hmis@coloradocoalition.orq</u> for any questions regarding documents or collection practices.

	HMIS Multimember Household Exit Packet (04/18/2016)							
-	e Manager: Progr	ram E	xit Date:/					
	mber in Household: Progr	ram N	ame/Grant:					
This section is to be filled out for the Head of Household								
Leg	al First Name:	_	Legal Middle Name:					
Leg	al Last Name:		Suffix:					
	Program Ex	<u>iit</u>						
	Destination: (cl	hoos	se 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)					
HOF	PWA PH)		Other					
	Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport,		No exit interview completed					
	nywhere outside)							
	Psychiatric hospital or other psychiatric facility		Client Doesn't Know					
	Rental by client, no ongoing housing subsidy		Client Refused					
	Destination Address (optional):		City:					
	CountyState		Zip Code					

He	alth Informatio	on		
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? If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently? If yes, is there documentation of the disability and its severity on file? If you have a mental health problem: Are you currently receiving services or treatment for this condition? How confirmed (for PATH programs ONLY) Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) O Client R	Refused
substantially impair your ability to live independently? If yes, is there documentation of the disability and its severity on file? If you have a mental health problem: Are you currently receiving services or treatment for this condition? How confirmed (for PATH programs ONLY) Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Client R Confirmed through evaluation or clinical records Client documental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY)	
If yes, is there documentation of the disability and its severity on file? If you have a mental health problem: Are you currently receiving services or treatment for this condition? How confirmed (for PATH programs ONLY) Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) If yes In No In Client Doesn't Know In Client Receiving Services or Unconfirmed; presumptive or self-report In Confirmed through assessment and clinical evaluation In Confirmed; In Confirmed through In Confirmed through In Confirmed through In Client doesn't Know In Client Receiving Services or Unconfirmed; In Confirmed through In Client Receiving Services or Unconfirmed; In Confirmed through In Client Receiving Services or Unconfirmed; In Confirmed Services or Unconfirmed; In Confirmed through In Client doesn't Know In Client Receiving Services or Unconfirmed; In Confirmed Services or Unconfirmed Services or Unconfir	lefused
If you have a mental health problem: Are you currently receiving services or treatment for this condition? How confirmed (for PATH programs ONLY) Unconfirmed; presumptive or self-report Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Olient R Client Doesn't Know Client R Confirmed through evaluation or clinical records assessment and clinical evaluation Unconfirmed; Unconfirmed; Confirmed through Onlient R Confirmed through evaluation or clinical records Onlient R Confirmed through evaluation or clinical records	Refused
treatment for this condition? How confirmed (for PATH programs ONLY) Unconfirmed; presumptive or self-report assessment and clinical evaluation Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Unconfirmed; presumptive or self-report assessment and clinical evaluation Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed through Confirmed by prior evaluation or clinical records assessment and clinical evaluation Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed through	Refused
treatment for this condition? How confirmed (for PATH programs ONLY) Unconfirmed; presumptive or self-report Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Unconfirmed; presumptive or self-report assessment and clinical evaluation Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed; Unconfirmed Unconfirmed; Unconfirmed Unconfirmed; Unconfirmed Unconfirmed; Unconfirmed Unconfirmed; Unconfirmed	
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Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY) One of through assessment and clinical evaluation	
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Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY)	
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_ 0.000	oesn't
presumptive or assessment and clinical know	, ,
self-report evaluation	
☐ Confirmed by prior ☐ Client re	fused
evaluation or clinical records	nuseu
Do you have a drug or alcohol problem? □ Alcohol □ No □ Client Doesn't Know □ Client R	₹efused
□ Drug	
□ Both	
If yes, is it expected to be of long-continued and indefinite duration and	Refused
substantially impair your ability to live independently?	
If yes, is there documentation of the disability and severity on file?	
If yes, are you currently receiving services or treatment for this condition?	

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

HORNA CHESTIONS (Only graphics there graphics for HORNA) are graphic									
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									
<u>PATH</u>									
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	☐ Private Disabili	ty Insurance\$		☐ Alimony/Other Spousal Support				
☐ Earned Income (i.e. employment (AND) \$	☐ Worker's Compensation \$			\square Aid to the Needy and Disabled				
☐ Unemployment Insurance \$		☐ Temporary Ass	istance for Needy Fa	Old Age Pension (OAP) \$				
☐ Supplemental Security Income (SS			nce (GA) \$	☐ Other Sources \$				
☐ Social Security Disability Income (curity \$	☐ Client Doesn't Know			
☐ Veteran's Service-Connected Disa	bility Compensation \$	☐ Pension from F	ormer Job \$	_	☐ Client Refused			
☐ Veteran's Non-Service-Connected								
Do you have documentation of all your sources?								
	Non-Cash Benefits (Check all that apply)							
☐ None ☐ TANF Child Care Assistance	☐ Other Benefit Source: ☐ Temporary Rental Assist			Stamps/SNAP <u>\$</u> Transportation Services	(amount optional) □ Section 8 or Rental			
☐ WIC (Women, Infants and Children) ☐ Other TANF-funded Serv		rices		☐ Client Refused				
Health Insurance								
☐ No Health Insurance ☐ Veteran's - VA Medical Services Insurance	☐ Other ☐ Employer provided Health Inst		☐ MEDICARE ☐ COBRA	☐ State Childen's He☐ Private Pay Health				
☐ Client Doesn't Know	☐ Client Refused							

Person #2 (Adult Not HoH)										
egal First Name:Legal Middle Name:										
Legal Last Name:Suffix:										
F	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	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused						
substantially impair your ability to live independently?										
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	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused						
substantially impair your ability to live independently?										
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	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused						
substantially impair your ability to live independently?										
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 Kno	ow				
Reason (if no): ☐ Applied; decision pending ☐ Client refused	☐ Applied; client not eligible	☐ Client did not apply	☐ Insurance type N/A for this client	☐ Client doesn't know			
Receiving AIDS Drug Assistance Program (ADAP):	□ No □ Yes	\square Client doesn't know \square	Client refused				
Reason (if no) : Applied; decision pending ☐ A	pplied; client not eligible	☐ Client did not apply	\square Insurance type N/A for this c	lient			
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							
		<u>PATH</u>					
Date of Status Determination//	Client Beca	me Enrolled in PATH: ☐No	□Yes				
(if no) Reason Not Enrolled:	igible for PATH	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	☐ Private Disabilit	zy Insurance\$	☐ Alimony/Other Spousal Support			
\$ Earned Income (i.e. employment	☐ Worker's Compensation \$			\square Aid to the Needy and Disabled		
(AND) \$ ☐ Unemployment Insurance \$ ☐ Supplemental Security Income (SS ☐ Social Security Disability Income (☐ Veteran's Service-Connected Disa	☐ Temporary Assistance for Needy Families (TANF)\$ ☐ General Assistance (GA) \$ ☐ Retirement Income from Social Security \$			☐ Old Age Pension (OAP) \$ ☐ Other Sources \$ ☐ Client Doesn't Know ☐ Client Refused		
☐ Veteran's Service-Connected bisa	·					
Do you have documentation of all your sources?						
Non-Cash Benefits (Check all that apply)						
□ None □ Other Benefit Source:_ □ TANF Child Care □ Temporary Rental Assist Assistance □ WIC (Women, Infants and Children) □ Other TANF-funded Serv		ance				
Health Insurance						
☐ No Health Insurance ☐ Veteran's – VA Medical Services Insurance ☐ Client Doesn't Know	☐ Other Employer provided Health Inst		☐ MEDICARE ☐ COBRA	☐ State Childen's He☐ Private Pay Health		

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 refused	t doesn't know						
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	t doesn't know						
☐ Client refused							
<u>PATH</u>							
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)							
Circle Not Enrolled. — Circle was found ineligible for 1 ATT							
Connection with SOAR: □No □ Yes □Client doesn't know □Client refused							

Person #3 (Child)								
Legal First Name:	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	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused				
substantially impair your ability to live independently?								
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

reison #5 (child) fleath 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 treatment for this condition?	: Are you currently receiving services or	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
How confirmed (for PATH programs ONL	ין	☐ 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	☐ Client doesn't know ☐ Client refused		
		_	_	evaluation or clinical records	_		
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-cor substantially impair your ability to liv		☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the	· · · · · · · · · · · · · · · · · · ·	☐ Yes	□ No				
If yes, are you currently receiving ser	vices or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
Person #3 Health Insurance							
☐ No Health Insurance ☐ Veteran's - VA Medical Services Insurance	☐ Other ☐ MED ☐ Employer provided Health Insurance	ICAID		Childen's Health Insurance te Pay Health Insurance	State Adult Health		
☐ Client Doesn't Know	☐ Client Refused						

Person #4 (Child)						
Legal First Name:	Legal Middle Name:					
Legal Last Name:	Suffix:					
<u> </u>	rogram 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	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
substantially impair your ability to live independently?						
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

reison wa (emila) neutri 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-cor substantially impair your ability to liv		☐ 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 ONL	n	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, h	now confirmed? (for PATH programs ONLY)	□ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior	☐ Client doesn't know	
				evaluation or clinical records	- Cheffe Terasea	
Do you have a drug or alcohol probl	em?	☐ 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	· · · · · · · · · · · · · · · · · · ·	☐ 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 ☐ Veteran's - VA Medical Services Insurance	☐ Other ☐ MED ☐ Employer provided Health Insurance	DICAID		Childen's Health Insurance te Pay Health Insurance	State Adult Health	
☐ Client Doesn't Know	☐ Client Refused					

Person #5 (Child)						
Legal First Name:	Legal Middle Name:					
Legal Last Name:	Suffix:					
<u> </u>	rogram 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	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
substantially impair your ability to live independently?						
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 ☐ Veteran's - VA Medical Services Insurance ☐ Client Doesn't Know	☐ Other ☐ MEDICA ☐ Employer provided Health Insurance ☐ Client Refused	AID			☐ State Adult Health	
Client Signature:			n	ate:		
Client Signature.			υ	αι ι		