

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

Date: _____

Client Name: _____

DOB: _____

Date of Birth Type:

- Full DOB Reported (HUD)
- Approximate or Partial DOB Reported (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Primary Race:

- American Indian or Alaska Native (HUD)
- Asian (HUD)
- Black or African American (HUD)
- Native Hawaiian or Other Pacific Islander (HUD)
- White (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Secondary Race:

- American Indian or Alaska Native (HUD)
- Asian (HUD)
- Black or African American (HUD)
- Native Hawaiian or Other Pacific Islander (HUD)
- White (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Ethnicity:

- Non-Hispanic / Non-Latino (HUD)
- Hispanic / Latino (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

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Gender:

- Female
- Male
- Transgender male to female
- Transgender female to male
- Doesn't identify as male, female, or transgender
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Phone #1: _____

Phone #1 Information: (who does phone number belong to?) _____

Phone #2: _____

Phone #2 Information: (who does phone number belong to?) _____

E-mail Address: _____

Relationship to Head of Household:

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member
- Data not collected

Household Type:

- Household with adults and children under 18
- Household with adults only
- Household with only children
- Single adult

Adults in Household: _____

Children in Household: _____

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Mandatory Field:

City, Self-Identified:

- Camarillo
- Casitas Springs
- El Rio
- Fillmore
- Foster Park
- Malibu
- Meiners Oaks
- Mira Monte
- Moorpark
- Newbury Park
- Oak Park
- Oak View
- Ojai
- Oxnard
- Piru
- Port Hueneme
- Santa Paula
- Saticoy
- Simi Valley
- Somis
- Thousand Oaks
- Ventura
- Westlake Village
- Not Ventura County

Impacted by the Thomas Fire?

- Yes
- No

Impacted by the Woolsey/Hill Fire?

- Yes
- No

Does this person have an animal at the time of referral?

- Yes
- No

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Below indicate where the client spent the night prior to entering your program:

- Place not meant for human habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)
- Safe Haven (HUD)
- Interim Housing
- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Owned by client, no ongoing housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD)
- Permanent housing for formerly homeless persons (HUD)
- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with VASD subsidy (HUD)
- Rental by client, with GPD TIP subsidy (HUD)
- Rental by client, with other ongoing housing subsidy (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Staying or living in a family member's room, apartment or house (HUD)
- Staying or living in a friend's room, apartment or house (HUD)
- Transitional housing for homeless persons (including homeless youth) (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)
- Subsidized housing

Length of Stay in Previous Place:

- 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 (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Approximate date homelessness started: _____

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Regardless of where they stayed last night – Number of times the client has been on the streets, in Emergency Shelter or Supportive Housing in the past three years, including today:

- One time (HUD)
- Two times (HUD)
- Three times (HUD)
- Four times (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Total number of months homeless on the street, in Emergency Shelter or Supportive Housing in the past three years:

- One month (this is the first month) (HUD)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Zip Code of Last Permanent Address: _____

Client Location: CA-611 (default)

If you are not homeless, are you or your family in danger of losing your primary nighttime residence?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

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If yes, residence will be lost within 14 days of today?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

If yes, do you have an alternative plan for housing (family, friends, or otherwise)?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Does client have a disabling condition?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Is your disability related to substance abuse? Yes No

Is your disability related to a mental illness? Yes No

Disability Type (each question needs a response checked off):

Alcohol Abuse (HUD) YES NO Client Doesn't know Client refused Data not collected

Both Alcohol and Drug Abuse (HUD) YES NO Client Doesn't know Client refused Data not collected

Chronic Health Condition (HUD) YES NO Client Doesn't know Client refused Data not collected

Developmental (HUD) YES NO Client Doesn't know Client refused Data not collected

Drug Abuse (HUD) YES NO Client Doesn't know Client refused Data not collected

HIV / AIDS (HUD) YES NO Client Doesn't know Client refused Data not collected

Mental Health Problem (HUD) YES NO Client Doesn't know Client refused Data not collected

Physical (HUD) YES NO Client Doesn't know Client refused Data not collected

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Income from any source:

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Percentage of AMI:

- Less than 30%
- 30% to 50%
- Greater than 50%

Source of Income (each question needs a response checked off):

Alimony or Other Spousal Support (HUD) YES NO Data not collected

Child Support (HUD) YES NO Data not collected

Earned Income (HUD) YES NO Data not collected

General Assistance (HUD) YES NO Data not collected

Other (HUD) YES NO Data not collected

Pension or Retirement Income from Another Job (HUD) YES NO Data not collected

Private Disability Insurance (HUD) YES NO Data not collected

Retirement Income from Social Security (HUD) YES NO Data not collected

SSDI (HUD) YES NO Data not collected

SSI (HUD) YES NO Data not collected

TANF (HUD) YES NO Data not collected

Unemployment Insurance (HUD) YES NO Data not collected

VA Non-Service Connected Disability Pension (HUD) YES NO Data not collected

VA Service Connected Disability Pension (HUD) YES NO Data not collected

Worker's Compensation (HUD) YES NO Data not collected

Non-Cash Benefit from any source:

- Yes (HUD)
- No (HUD)

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- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Source of Non-Cash Benefit (each question needs a response checked off):

Supplemental Nutrition Assistance Program (Food Stamps) (HUD) YES NO Data not collected

Special Supplemental Nutrition Program for WIC (HUD) YES NO Data not collected

TANF Child Care Services (HUD) YES NO Data not collected

TANF Transportation Services (HUD) YES NO Data not collected

Other TANF-Funded Services (HUD) YES NO Data not collected

Section 8, Public Housing, or other ongoing rental assistance (HUD) YES NO Data not collected

Other Source (HUD) YES NO Data not collected

Temporary rental assistance (HUD) YES NO Data not collected

Covered by Health Insurance:

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Health Insurance Type (each question needs a response checked off):

Medicaid YES NO Data not collected

Medicare YES NO Data not collected

State Children's Health Insurance Program YES NO Data not collected

Veteran's Administration (VA) Medical Services YES NO Data not collected

Employer – Provided Health Insurance YES NO Data not collected

Health Insurance obtained through COBRA YES NO Data not collected

Private Pay Health Insurance YES NO Data not collected

State Health Insurance for Adults YES NO Data not collected

Indian Health Services Program YES NO Data not collected

Other YES NO Data not collected

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Domestic Violence Victim / Survivor:

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

If yes, for domestic violence victim / survivor, when experience occurred:

- Within the past three months (HUD)
- Three to six months ago (HUD)
- From six to twelve months ago (HUD)
- More than a year ago (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

If yes, for domestic violence victim / survivor, are you fleeing?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Do you have, or are you able to obtain, a government issued ID? Yes No

For Permanent and Transitional Programs, please complete the following:

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, was it arson? Yes No

If yes, was it a violent crime? Yes No

Outreach:

Date of Contact: _____

Start Date: _____

Location:

- Place not meant for habitation
- Service setting, non-residential
- Service setting, residential

End Date: _____

Date of Engagement: _____

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Housing Move-in Date: _____

Mandatory Field:

*Name of Assessing Agency: _____

*Assessment Completed By (Case Manager): _____

*Agency Telephone Number: _____