

**PATHWAYS TO HOME SCREENING ASSESSMENT (A)**

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

**Person completing this form (Case Mgr / SW):** \_\_\_\_\_

**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)

**Gender:**

- Female

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- 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:** \_\_\_\_\_

**City, Self-Identified:**

- Camarillo
- El Rio
- Fillmore

## PATHWAYS TO HOME SCREENING ASSESSMENT (A)

- Foster Park
- Meiners Oaks
- 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 Ventura County Fire?

- Yes
- No

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

#### Residence prior to Project Entry: (Choose ***ONLY*** One)

- Place not meant for habitation (HUD)
- 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)

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- 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)

Did you stay less than 90 days?  Yes  No

Did you stay less than 7 nights?  Yes  No

On the night before did you stay on the streets, Emergency Shelter or Supportive Housing?  Yes  No

Approximate date homelessness started: \_\_\_\_\_

### 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

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- 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)

**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)

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Is your disability related to substance abuse?  Yes  No  
Is your disability related to a mental illness?  Yes  No

**Disability Type:**

**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

**Income from any source:**

Yes (HUD)

No (HUD)

Client doesn't know (HUD)

Client refused (HUD)

Data not collected (HUD)

**Total Monthly Income:** \_\_\_\_\_

**Percentage of AMI:**

Less than 30%

30% to 50%

Greater than 50%

**Source of Income:**

**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 of 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

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

**Source of Non-Cash Benefit:**

**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:**

**Medicaid**  YES  NO  Data not collected

**Medicare**  YES  NO  Data not collected

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**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

**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 a crime against a child?  Yes  No

If yes, was it a sex offense?  Yes  No



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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:** \_\_\_\_\_

**Residential Move-in Date:** \_\_\_\_\_

**\* Name of Assessing Social Worker:** \_\_\_\_\_

**\* Name of Assessing Agency:** \_\_\_\_\_

**\* Agency Telephone Number:** \_\_\_\_\_