PATH
Projects for Assistance in Transition from Homelessness

Reassessment Form

1. Assessment Summary

Client ID (Computer Generated)_____ **Assessment Date** _____/_____/_____
MM DD YYYY

First Name_____ **MI**_____ **Last Name**_____ **Suffix**_____

Relationship to HOH ☐ Self ☐ Spouse ☐ Dependent Child ☐ Parent ☐ Grandparent ☐ Guardian ☐ Other Family Member ☐ Other Non-family Member

2. Detailed Client Information (Program-Level Data Elements)

Barriers::

Substance Abuse Problem	☐ No ☐ Don't Know ☐ Alcohol Abuse ☐ Refused ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	**Mental Health Problem**	☐ Yes ☐ Don't Know ☐ No ☐ Refused
If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently	☐ Yes ☐ Don't Know ☐ No ☐ Refused	*If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently*	☐ Yes ☐ Don't Know ☐ No ☐ Refused
If yes to any above, received services or treatment while in program	☐ Mental Health ☐ Substance Abuse ☐ No ☐ Don't Know ☐ Refused		

Income::

Income Received Last 30 Days	☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Non-Cash Benefits Received Last 30 Days**	☐ Yes ☐ No ☐ Don't Know ☐ Refused
Monthly Income	_____☐ A Veterans' Disability Payment _____☐ Alimony or Other Spousal Support _____☐ Child Support _____☐ Earned Income _____☐ General Assistance _____☐ No Financial Resources _____☐ Other _____☐ Pension from a Former Job _____☐ Private Disability Insurance _____☐ Retirement Income from Social Security _____☐ SSDI _____☐ SSI _____☐ TANF _____☐ Unemployment Income _____☐ Veteran's Pension _____☐ Worker's Compensation	**Non-Cash Benefits**	☐ Supplemental Nutritional Assistance Program (Food Stamps) ☐ MEDICAID ☐ MEDICARE ☐ SCHIP ☐ Special Supplementation Nutritional Program for WIC ☐ VA Medical Services ☐ TANF Child Care Services ☐ TANF Transportation Services ☐ Other TANF-Funded Services ☐ Section 8, Public Housing, or other ongoing rental assistance ☐ Other Source ☐ Temporary Rental Assistance

Employment (Adults and Unaccompanied Youth only)**::**

Currently Employed	☐ Yes ☐ Don't Know ☐ No ☐ Refused	**If Yes, # of Hours Worked in Past Week**	_____ hours
If No, Looking for Work?	☐ Yes ☐ Don't Know ☐ No ☐ Refused	**If Yes, Looking for Additional Employment / Increased Hours at Current Job?**	☐ Yes ☐ Don't Know ☐ No ☐ Refused
Employment Tenure	☐ Permanent ☐ Seasonal ☐ Temporary ☐ Don't Know		☐ Refused