**PATH Program Specific Data Elements Form for HMIS: All Clients**

|  |
| --- |
| **HMIS Tips:**   * *EDA to the project provider.* * *Before updating your Program Specific assessment in HMIS, make sure to complete the questions on the appropriate* ***MN Core*** *assessment, as it contains the universal and common data elements for HMIS projects. The questions on your Program Specific Assessment have been chosen by your funder and are required in addition to the universal and common data elements.* * *If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “Client doesn’t know” or “Client prefers not to answer” unless the client does not know or prefers not to answer.* * *You only need to collect data about the required household members. Who the data is collected about is in parentheses after the question. For example, “(Head of Household).”* * *In Community Services, a* *(green checkmark) indicates a household member’s record has been updated.* |

Project Start (Date of First Contact)

Provider: Type: PATH Project Start Date (First Contact): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

ENROLLMENT: Service Transactions and Referrals

**Date of Enrollment:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (may be same as Project Start & Engagement, but not before)

**SERVICE TRANSACTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Type (write in name or # from list)** | **Start date** | **End date** | **Type of PATH FUNDED Service Provided**  1. Re-engagement 8. Residential supportive services  2. Screening 9. Housing minor renovation  3. Clinical Assessment 10. Housing moving assistance  4. Habilitation/rehabilitation 11. Housing eligibility determination  5. Community mental health 12. Security deposits  6. Substance use treatment 13. 1-time rent for eviction prevention  7. Case management |
|  | / / | / / |
|  | / / | / / |
|  | / / | / / |
|  | / / | / / |
|  | / / | / / |
|  | / / | / / |
|  | / / | / / |
|  | / / | / / |

**REFERRALS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Type (write in name or # from list)** | **Needs Referral Date** | **Outcome (attained, not attained, unknown)** | **Type of PATH Referral**  1. Community mental health 6. Housing Services  2. Substance use treatment 7. Temporary housing  3. Primary health/dental care 8. Permanent housing  4. Job Training 9. Income Assistance  5. Educational Services 10. Employment assistance 11. Medical Insurance |
|  | / / |  |
|  | / / |  |
|  | / / |  |
|  | / / |  |
|  | / / |  |
|  | / / |  |
|  | / / |  |
|  | / / |  |

Program Exit (in HMIS: use Entry/Exit Tab)

|  |
| --- |
| **HMIS Tips:** *(From the head of household’s record, if additional members were added to single entry)*   * *Complete Exit from the head of household’s record, if additional members were added to single entry.* * *Use the General HMIS Instructions & your program’s (funder) Supplemental User Guide for complete data entry instruction.* * *EDA to Entry Provider. No need to backdate.* * *Entry/Exit Tab: click pencil next to exit date. Continue to the Exit Assessment.* |

**Connection with SOAR?** £ Yes £ No £ DK£ R£DNC

Check to make sure all assessment questions have been answered including: Date of Engagement, Date of PATH Status Determination, Enrollment in PATH (reason if NO)

***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Please print a copy to have available.*