

PATH Supplemental Intake Form

Date of Engagement

		/			/			
month			day			year		

Date of Status Determination (Date of Enrollment)

		/			/			
month			day			year		

Connection With SOAR

- No Yes Client doesn't know Client refused Data Not Collected

Pregnant

- No Yes

Due Date: _____

Last Grade Completed

- | | |
|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> GED | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Some College | |

Received Vocational Training

- No Yes Client doesn't know Client refused Data Not Collected

Zip Code of Last Permanent Address

General Area of Previous Residence

- | | |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus) | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus) | <input type="checkbox"/> Client Doesn't Know |

Homeless Primary Reason

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

Homeless Secondary Reason

- Addiction
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- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

COVID Vaccine Information

COVID Vaccine Received

Fully vaccinated

Not vaccinated

Partially vaccinated

Client doesn't know

Vaccine Brand Options

Pfizer

Johnson & Johnson

Moderna

Date of 1st dose: _____

Expected date of 2nd dose: _____

Date of 2nd dose: _____

Client Signature: _____

Date: _____