**PATH Supplemental Intake Form**

<table>
<thead>
<tr>
<th>Date of Engagement</th>
<th>Date of Status Determination (Date of Enrollment)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Date of Engagement" /></td>
<td><img src="image" alt="Date of Status Determination" /></td>
</tr>
</tbody>
</table>

**Connection With SOAR**  
- No  
- Yes  
- Client doesn't know

**Pregnant**  
- No  
- Yes

**Last Grade Completed**  
- Less than Grade 5  
- Grades 5-6  
- Grades 7-8  
- Grades 9-11  
- 12th grade/High School Diploma  
- School program does not have grade levels  
- GED  
- Some College

**Received Vocational Training**  
- No  
- Yes  
- Client doesn't know

**Zip Code of Last Permanent Address**

**General Area of Previous Residence**  
- Within Franklin County (Outside City-Columbus)  
- Outside Franklin County (Outside City-Columbus)  
- Outside Franklin County (Inside City-Columbus)  
- Within Franklin County (Within City-Columbus)  
- Outside of Ohio  
- 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  
- 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  
- 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

<table>
<thead>
<tr>
<th>Date of 1st dose:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected date of 2nd dose:</td>
<td></td>
</tr>
<tr>
<td>Date of 2nd dose:</td>
<td></td>
</tr>
</tbody>
</table>

Client Signature: ____________________________  Date: ____________________________