

# PATH Assessment & Service Plan Template

Participant Name:

Plan Start Date:

Month

Day

Year

Plan End Date:

Month

Day

Year

## PART 1: ASSESSMENT

What is the person's plan to end their homelessness?

What motivates this person to obtain/maintain housing?

What is the person's long-term goal and how will housing help with that goal?

When was the last time this person had a permanent place to live?

Describe that place:

Describe how person lives/sleeps now. For example, sleeps in a tent in a camp with other people; bounces between hotels, friends, family; sleeps behind the church.

Factors that led to homelessness:

Did the person ever serve in the U.S. military?

YES

NO

**People Who Provide Support**  
(Name, Relationship, & Contact Info)

**Emergency Contact**  
(Name, Relationship, & Contact Info)

**PART 1: STRENGTHS & SUPPORTS SUMMARY**

**Income and Financial:**

**Mental Health and Substance Abuse:**

**Employment:**

**Family and Support:**

**Housing:**

**Skills:**

**Health:**

**Education:**

**Other:**

**What strengths/supports will be most helpful in the housing access and stabilization process?**

## PART 1: BARRIERS SUMMARY

Income		Mental Health and Substance Abuse	
<input type="checkbox"/>	No income	<input type="checkbox"/>	Monthly obligations exceed monthly income
<input type="checkbox"/>	Insufficient income to afford housing	<input type="checkbox"/>	Poor credit history
<input type="checkbox"/>	Recent decrease in income	<input type="checkbox"/>	Currently in bankruptcy
<input type="checkbox"/>	Receiving unemployment or other income that is time-limited	<input type="checkbox"/>	Subject to Child Support Enforcement – e.g., “garnish wages”
<input type="checkbox"/>	Sanctioned or timed out on benefits		
Education and Employment		Legal Issues	
<input type="checkbox"/>	No High School Diploma or GED	<input type="checkbox"/>	On parole
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	On probation
<input type="checkbox"/>	Currently in temporary or seasonal job	<input type="checkbox"/>	Felony in last 5 years
<input type="checkbox"/>	Inconsistent work history – gaps in employment or frequent changes in jobs	<input type="checkbox"/>	History of violence
		<input type="checkbox"/>	Current legal involvement
		<input type="checkbox"/>	Needs immigration status advice
Housing History		Family Status	
<input type="checkbox"/>	Multiple episodes of homelessness	<input type="checkbox"/>	Current or past involvement with foster care system
<input type="checkbox"/>	One or two legal evictions	<input type="checkbox"/>	Has children in foster care
<input type="checkbox"/>	More than 2 evictions	<input type="checkbox"/>	Domestic violence survivor
<input type="checkbox"/>	Never had own lease	<input type="checkbox"/>	Current involvement in abusive relationship
<input type="checkbox"/>	Evicted from subsidized housing	<input type="checkbox"/>	Subject to Order of Protection
<input type="checkbox"/>	History of institutional care – e.g., state hospital, foster care, prison		
Health/Disability		Supports/Independent Living Skills	
<input type="checkbox"/>	Chronic physical illness	<input type="checkbox"/>	No ID
<input type="checkbox"/>	Health crisis, detox or hospitalization in the past year	<input type="checkbox"/>	No or limited support networks
<input type="checkbox"/>	Multiple hospitalizations in past year. #:	<input type="checkbox"/>	History of being unable or unwilling to seek help
<input type="checkbox"/>	Ongoing medical needs and no health insurance	<input type="checkbox"/>	Limited English proficiency
<input type="checkbox"/>	Multiple disabling conditions	<input type="checkbox"/>	Literacy problems
<input type="checkbox"/>	Disabling condition has negatively affected community stability	<input type="checkbox"/>	History of problem visitors
<input type="checkbox"/>	Not in treatment for ongoing issues	<input type="checkbox"/>	Hoarding problems
		<input type="checkbox"/>	Inadequate financial management skills
		<input type="checkbox"/>	Other gaps in Independent Living Skills, specify:

**PART 1: BARRIERS SUMMARY (CONTINUED)**

**What are the most significant barriers to housing access/stability?**

**What are the most significant issues that interfere with this person's safety/wellbeing?**

**Other Comments:**

## PART 2: SERVICE/HOUSING STABILIZATION PLAN

Type of Plan:	<input type="radio"/> Initial Plan <input type="radio"/> Update	Date of Plan:	From:	To:
Goals from Previous Plan (If Applicable)		Status Achievements & Barriers		
1				
2				
3				

## PART 2 GOALS: Establish and Prioritize Goals Based on Current Assessment and Risk Factors

Goals (for this assistance period)	OUTREACH STAFF TASKS	TARGET DATE	PARTICIPANT TASKS	TARGET DATE
<b>Goal 1:</b>  Check Area: <input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial, <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Family & Friends <input type="checkbox"/> Life Skills				
<b>Goal 2:</b>  Check Area: <input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial, <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Family & Friends <input type="checkbox"/> Life Skills				
<b>Goal 3:</b>  Check Area: <input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial, <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Family & Friends <input type="checkbox"/> Life Skills				

<b>Participant Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<b>Staff Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<b>Supervisor Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>