

## Pathways to Home Screening Assessment (Revised 10/01/25)

Date: \_\_\_\_\_

Person completing this form (Case Manager/Social Worker): \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ HMIS #: \_\_\_\_\_

### Diversion Section

*Script: Before we get too far into this conversation, though it's a difficult question, it would be helpful to know if you are **CURRENTLY** fleeing or attempting (trying) to flee domestic violence, sexual assault, stalking, or sex trafficking because there are specific resources that might best fit your situation.*

#### Survivor of Domestic Violence?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client preferred not to answer (HUD)
- Data not collected (HUD)

#### If Yes for Survivor of Domestic Violence, when experience occurred:

- Within the past three months (HUD)
- Three to six months ago (HUD)
- From six to twelve months ago (HUD)
- More than a year ago
- Client doesn't know
- Client preferred not to answer
- Data not collected

#### If Yes for Survivor of Domestic Violence, are you currently fleeing?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client preferred not to answer (HUD)
- Data not collected (HUD)

[Directions: If client answered "Yes" for CURRENTLY fleeing DV, stalking, sexual assault, or sex trafficking, please refer to the Coalition for Family Harmony DV Hotline: 1-800-300-2181 or ICFS DV Hotline at 1-800-636-6738.](#)

**If "Yes", ensure client agrees to have their data shared, proceed with the CES Assessment. If "No" to data sharing, enter any information the client is comfortable providing, then contact HMIS Support to lock the client record.**

[Directions: Attempt to problem solve with the client to determine if there are any support networks or resources the household can draw on. If the client is eligible for available non-financial and/or financial resources in the community, make a referral.](#)

*Script: I'd like to ask a few more questions to identify potential resources that may be available to you.*

**Are you working with another homeless service provider or healthcare provider such as Ventura County Behavioral Health, Whole Person Care, or Healthcare for the Homeless?**  Yes  No

[Directions: If client answered "Yes", document your interaction in Client Notes within the Client Profile Page.](#)

**Pregnant?**  Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

[Directions: If client is interested, please contact Tender Life Maternity Home at 805-653-7474, Sarah's House Maternity Home at 805-581-1910, Transitional Living Centers: City Center at 805-628-9035 and/or Light House at 805-385-7200.](#)

Are you receiving CalWORKS?  Yes  No

[Directions: If client answered "Yes", encourage client to speak to their worker for resources.](#)

Would you be interested in being referred to Ventura County Workforce Development Board for work/training opportunities, assistance with resume writing, etc.?  Yes  No

[Directions: If client answered "Yes", please refer to \(805\) 204-5186 or \[www.VCHSA.org/AJCC\]\(http://www.VCHSA.org/AJCC\).](#)

Did you serve in any branch of the military?  Yes  No

[Directions: If client answered "Yes", please send a direct referral in CES to The Salvation Army-SSVF or Gold Coast Veterans Foundation and provide contact information to the Veteran for follow-up \(SSVF 562-706-7204\) or \(GCVF- 805-703-0315\).](#)

## **At Imminent Risk of Homelessness Section**

[Directions: For clients at Imminent Risk of homelessness \(If client IS currently homeless, please select "No"\)](#)

If you are not homeless but AT RISK, are you or your family in danger of losing your primary nighttime residence?  Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

If yes, will your residence be lost within 14 days from today?

Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

If yes, do you have an alternative plan for housing (family, friends or otherwise)?

Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

[Directions: Complete the following Current Living Situation Sub-Assessment; click ADD](#)

Current Living Situation (Sub-Assessment):

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Information Date:** \_\_\_\_\_

### **Homeless Situations:**

- Place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) (HUD)
- Emergency shelter including hotel or motel paid for with emergency shelter voucher; Host Home shelter (HUD)
- Safe Haven (HUD)

### **Institutional Situations:**

- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison, or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

### **Temporary Housing Situations:**

- Transitional housing for homeless persons (including homeless youth) (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living in a friend's room, apartment, or house (HUD)
- Staying or living in a family member's room, apartment, or house (HUD)

### **Permanent Housing Situations:**

- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with ongoing housing subsidy (HUD)

- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, no ongoing housing subsidy (HUD)

If the selection is "Rental by client, with ongoing housing subsidy", please select from the following options:

**Rental Subsidy Type:**

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other Permanent Housing Dedicated for formerly homeless persons

**Other:**

- Other (HUD)
- Worker unable to determine (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Living situation verified by (agency name):** \_\_\_\_\_

**Is client going to have to leave their current living situation within 14 days?**

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Directions: If the answer to "Is client going to have to leave their current living situation" is "Yes", please answer the following questions:

**Has a subsequent residence been identified?**

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Does the individual or family have resources or support networks to obtain other permanent housing?**

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?**

- Yes
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Has the client moved 2 or more times in the last 60 days?**

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Location details:** \_\_\_\_\_  
\_\_\_\_\_

Script: Thank you for answering these preliminary questions. There are several more to be answered. We will start with a review of your demographic information.

**Date of Birth:** \_\_\_\_\_

**Date of Birth Type:**

- Full DOB Reported (HUD)
- Approximate or partial DOB reported (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Race and Ethnicity:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian or Asian American                       | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Black, African American, or African           | <input type="checkbox"/> Client doesn't know                 |
| <input type="checkbox"/> Hispanic/Latina/e/o                           | <input type="checkbox"/> Client prefers not to answer        |
| <input type="checkbox"/> Middle Eastern or North African               | <input type="checkbox"/> Data not collected                  |

**Additional Race and Ethnicity Detail:** \_\_\_\_\_

**Phone Number #1:** \_\_\_\_\_

**Phone #1 Information:** \_\_\_\_\_

**Phone Number #2:** \_\_\_\_\_

**Phone #2 Information:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Relationship to Head of Household:**

- Self
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member
- Data not collected

**Household type:**

- Household with adults and children under 18
- Household with adults only
- Household with only children
- Single adult

**Adults in Household:** \_\_\_\_\_

**Children in Household:** \_\_\_\_\_

**City, Self-Identified:**

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Camarillo       | <input type="checkbox"/> Moorpark     | <input type="checkbox"/> Santa Paula        |
| <input type="checkbox"/> Casitas Springs | <input type="checkbox"/> Newbury Park | <input type="checkbox"/> Saticoy            |
| <input type="checkbox"/> El Rio          | <input type="checkbox"/> Oak Park     | <input type="checkbox"/> Simi Valley        |
| <input type="checkbox"/> Fillmore        | <input type="checkbox"/> Oak View     | <input type="checkbox"/> Somis              |
| <input type="checkbox"/> Foster Park     | <input type="checkbox"/> Ojai         | <input type="checkbox"/> Thousand Oaks      |
| <input type="checkbox"/> Malibu          | <input type="checkbox"/> Oxnard       | <input type="checkbox"/> Ventura            |
| <input type="checkbox"/> Meiners Oaks    | <input type="checkbox"/> Piru         | <input type="checkbox"/> Westlake Village   |
| <input type="checkbox"/> Mira Monte      | <input type="checkbox"/> Port Hueneme | <input type="checkbox"/> Not Ventura County |

**Does this person have an animal at the time of referral?**  Yes  No

**Do you have physical limitations that would prevent you from utilizing a top bunk bed?**  Yes  No

[Directions: Below indicate where the client stayed last night.](#)

**Prior Living Situation:**

***Homeless Situations:***

- Place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside (HUD)
- Emergency shelter including hotel or motel paid for with emergency shelter voucher; Host Home shelter (HUD)
- Safe Haven (HUD)

***Institutional Situations:***

- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison, or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

**If in an Institutional Situation, did you stay less than 90 days?**

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**On the night before entering the institution, did you stay in an ES, SH or on the streets?**

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

***Temporary Housing Situations:***

- Transitional housing for homeless persons (including homeless youth) (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living in a friend's room, apartment, or house (HUD)
- Staying or living in a family member's room, apartment, or house (HUD)

**If stayed with friends and/or family, did you stay less than 7 nights?**

- Yes (HUD)
- No (HUD)

- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Permanent Housing Situations:**

- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with ongoing housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, no ongoing housing subsidy (HUD)

If the selection is "Rental by client, with ongoing housing subsidy", please select from the following options:

**Rental Subsidy Type:**

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other Permanent Housing Dedicated for formerly homeless persons

**Other:**

- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)
- Subsidized housing

**Length of Stay in Previous Place:**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Approximate date this episode of homelessness started:** \_\_\_\_\_

**Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years including today?**

- One time (HUD)
- Two times (HUD)
- Three times (HUD)
- Four or more times (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Total number of months homeless on the street, in ES, or SH in the past three years:**

- One (this time is the first month) (HUD)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

**Zip code of Last Permanent Address:** \_\_\_\_\_

**Enrollment CoC:** CA-611

## Disabilities Section

Does the client have a disabling condition?

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Is your disability related to substance abuse?  Yes  No

Is your disability related to mental illness?  Yes  No

### HUD Verification—Disabilities

#### Disability Type:

- Alcohol Use Disorder (HUD)
- Both Alcohol and Drug Use Disorder (HUD)
- Chronic Health Condition (HUD)
- Developmental (HUD)
- Drug Use Disorder (HUD)
- HIV/AIDS (HUD)
- Mental Health Disorder (HUD)
- Physical (HUD)

#### Disability Determination:

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Start Date: \_\_\_\_\_

Notes on Disability: \_\_\_\_\_

End Date: \_\_\_\_\_

## Income Section

Income from Any Source?

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Total Monthly Income: \_\_\_\_\_

Percentage of AMI:  81% or greater  30% or less  31%-50%  51%-80%

### HUD Verification—Monthly Income

Monthly amount: \_\_\_\_\_

**Source of income:**

- |  |   |
|--|---|
| <input type="checkbox"/> Alimony or Other Spousal Support (HUD)              | <input type="checkbox"/> SSDI (HUD)   |
| <input type="checkbox"/> Child Support (HUD)                                 | <input type="checkbox"/> SSI (HUD)  |
| <input type="checkbox"/> Earned Income (HUD)                                 | <input type="checkbox"/> TANF (HUD)   |
| <input type="checkbox"/> General Assistance (HUD)                            | <input type="checkbox"/> Unemployment Insurance (HUD)                       |
| <input type="checkbox"/> Other (HUD)   | <input type="checkbox"/> VA Non-Service-Connected Disability Pension (HUD)  |
| <input type="checkbox"/> Pension or retirement income from another job (HUD) | <input type="checkbox"/> VA Service-Connected Disability Compensation (HUD) |
| <input type="checkbox"/> Private Disability Insurance                        | <input type="checkbox"/> Worker's Compensation                              |
| <input type="checkbox"/> Retirement Income from Social Security (HUD)        | <input type="checkbox"/> If other, please specify _____                     |

Receiving income source?  Yes  No

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

### Non-Cash Benefits Section

**Non-cash benefit from any source?**

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

HUD Verification—Non-Cash Benefits

Amount of non-cash benefit: \_\_\_\_\_

**Source of non-cash benefit:**

- |  |   |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) (HUD) | <input type="checkbox"/> TANF Transportation Services (HUD) |
| <input type="checkbox"/> Special Supplemental Nutrition Program for WIC (HUD)          | <input type="checkbox"/> Other TANF-Funded Services (HUD)   |
| <input type="checkbox"/> TANF Child Care Services (HUD)                                | <input type="checkbox"/> Other Source (HUD)                 |
|  | <input type="checkbox"/> If other, please specify: _____    |

Receiving benefit?  Yes  No

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Directions: If no, please refer client to Human Services Agency to apply for food assistance, GR, etc., by phone at 1-888-472-4463 or online at <https://benefitscal.com>.

### Health Insurance Section

**Covered by health insurance?**

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

HUD Verification—Health Insurance

Start Date: \_\_\_\_\_

**Source of non-cash benefit:**

- |  |  |
|--|--|
| <input type="checkbox"/> MEDICAID                                  | <input type="checkbox"/> Private pay health insurance      |
| <input type="checkbox"/> MEDICARE                                  | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> Indian Health Services Program    |
| <input type="checkbox"/> Veteran's Health Administration (VHA)     | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Employer-provided health insurance        | <input type="checkbox"/> If other, please specify _____    |
| <input type="checkbox"/> Health insurance obtained through COBRA   |  |

Covered?  Yes  No

**(HOPWA) If Private Pay Insurance, specify:**

\_\_\_\_\_

**(HOPWA) If no, reason not covered:**

- |   |   |
|---|---|
| <input type="checkbox"/> Applied; decision pending          | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Applied; client not eligible       | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client did not apply               | <input type="checkbox"/> Data not collected           |
| <input type="checkbox"/> Insurance type N/A for this client |   |

End date: \_\_\_\_\_

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## "Other" Section

Do you have, or are you able to obtain, a government issued ID?  Yes  No

[Directions: For Permanent and Transitional Programs, please complete the following:](#)

Have you ever been convicted of a misdemeanor or a felony?  Yes  No

[Directions: If client answered "Yes", ask the client if they would like further information on the expungement process. If so, refer them to the Law Offices of the VC Public Defender at 805-654-2201 and continue below:](#)

**If yes, was it a crime against a child?**

Yes  No

**If yes, was it arson?**

Yes  No

**If yes, was it a sex offense?**

Yes  No

**If yes, was it a violent crime?**

Yes  No

[Directions: Please complete the assessment location, type and level below \(this is to be completed by the case manager, NOT the client\). For prioritization status, update the sub-assessment when the client is prioritized for permanent supportive housing via CES Pathways to Home Case Conference Meeting.](#)

Coordinated Entry Assessment (Sub-Assessment)

Date of assessment: \_\_\_\_\_

End date: \_\_\_\_\_

**Assessment Location:**

- A Community of Friends (ACOF)
- Cabrillo Economic Development Corporation
- California State University Channel Islands
- Casa Pacifica Centers for Children & Family
- City of Camarillo
- City of Oxnard Housing Authority
- City of Oxnard Housing Department
- City of San Buenaventura Housing Authority – Assisted Housing
- City of San Buenaventura Housing Authority – Community Services
- City of Santa Paula Housing Authority
- City of Ventura-City Proactive Outreach Program
- Community Action of Ventura County of Ventura
- Conejo Health
- County of Ventura Health Care Agency, Behavioral Health PATH/R.I.S.E
- County of Ventura Health Care Agency, Behavioral Health (VCBH)
- County of Ventura Health Care Agency, One Stop
- County of Ventura, Whole Person Care
- County of Ventura, Hospital Case Management
- County of Ventura Health Care Agency, Homeless Services
- County of Ventura, Public Defender
- Downtown Ventura Partners
- Gold Coast Health Plan
- Gold Coast Veterans Foundation
- Harbor House
- Help of Ojai
- Homeless Liaison Unit (VCSO)
- Hope The Mission
- Independent Living Resource Center
- Interface Children and Family Services—2-1-1
- Interface Children and Family Services – 211, Community Wellness & Coordinated Care
- Interface Children and Family Services—Youth and Runaway Shelter Program
- Kingdom Center, Gabriel’s House
- Lutheran Social Services
- Many Mansions
- Mercy House
- MESA- Ojai
- National Health Foundation
- Oxnard Family Circle
- Pacific Clinics TAY Tunnel
- People’s Self-Help Housing
- Project Understanding
- River Community Church (Tender Life Maternity Home & City Center)
- Samaritan Center
- Sarah’s House Maternity Home
- SCAN Health Plan (Senior Care Action Network)
- Shelter Care Resources
- The Salvation Army Southern California Division, Ventura Social Services
- The Salvation Army Southern California Division, Supportive Services for Veteran’s Families

- The Spirit of Santa Paula*
- Turning Point Foundation*
- United Way of Ventura County*
- U.S. Vets*
- Other* \_\_\_\_\_

**Assessment Type:**

- Phone*
- Virtual*
- In Person*

**Assessment Level:**

- Crisis Needs Assessment*
- Housing Needs Assessment*

**Prioritization Status:**

- Placed on Prioritization List*
- Not Placed on Prioritization List*

[Directions: This concludes the CES Pathways to Home screening assessment. Please complete the mandatory fields below and proceed to the eligibility module. For updates, Please revise agency/case manager information in the mandatory fields below, and add a case note in the CES Entry \(Client Profile tab/Client Note section\) that includes case manager contact information for any updates to the client record.](#)

**Name of Assessing Agency:** \_\_\_\_\_

**Assessment Completed By (*Case Manager Full Name*):** \_\_\_\_\_

**Agency Telephone Number:** \_\_\_\_\_