

**Reporting Burden For Local Providers using the Web Survey:** 31 hours per annual response, including time for becoming familiar with the form and reporting requirements, obtaining client and activity data, aggregating the data, recording the data onto preliminary forms, recording the data onto the official form, reviewing the data for accuracy, validating the data, and revising the data in response to state review.

OMB No. 0930-0205  
Exp. Date: TBD

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0205); 7th Floor, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is (0930-0205).

### The PATH Program ID# 9000

Help can be found by going to the instructions section [here](#).

For FY Beginning:  (mm/dd/yy)

For FY Ending:  (mm/dd/yy)

\* Contact Person:

E-mail:

Phone:

Fax:

\* The **Contact Person** should be the person to be contacted to answer any questions about the data. Please provide their email address, phone, and fax. They **may or may not** be the principal PATH contact for the PATH provider.

Save / Update Data and Move to Next Page

Survey Information for: **The PATH Program - ID# 9000**

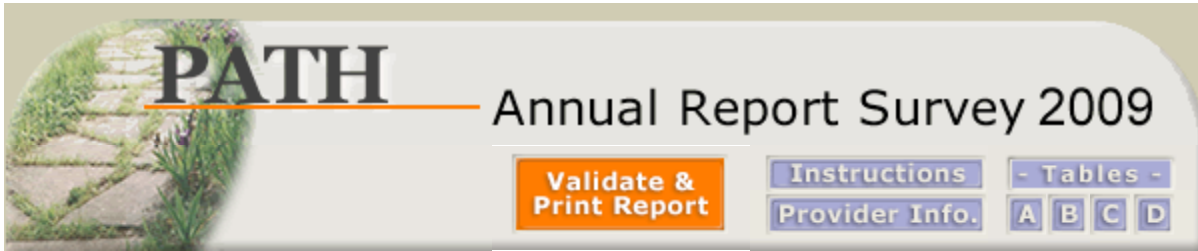
## Table A: Budget Information

- A1. Total** annual dollar amount for services dedicated to persons who are experiencing homelessless or risk of homelessnes AND serious mental illness: (includes PATH federal funds, match funds, and non-PATH funds)
- [Help](#)
- 
- Estimated  
 Actual
- A2. PATH Federal** funds received from the State:
- [Help](#)
- 
- Estimated  
 Actual
- A3. Match** funds from State, local, or other resources to support the provision of PATH services:
- [Help](#)
- 
- Estimated  
 Actual
- A4.** The number of **staff** supported by PATH federal funds and match funds:
- [Help](#)
- 
- Estimated  
 Actual
- A5.** The full time equivalent (**FTE**) of staff positions supported by PATH federal funds and match funds: *(Please see the definition of FTE in the PATH Annual Report Provider Guide)*
- [Help](#)
- 
- Estimated  
 Actual
- A6.** Indicate the **type of organization** in which the PATH program operates:
- [Help](#)
- a. community mental health center
- b. consumer-run mental health agency
- c. other mental health agency

- d. other social service agency
- e. health care for homeless/other health agency
- f. substance abuse treatment agency
- g. shelter or other temporary housing resource
- h. other housing agency
- i. other

If other please specify:

Save / Update Data and Move to Next Page



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## Table B: Persons Served

The annual reporting information should include **unduplicated counts** of persons during the fiscal year. Table B is used to report the number of persons served by the PATH program. Please see the "PATH Annual Report Provider Guide" for clarification on definitions.

- |  |                             |   |
|--|-----------------------------|---|
| <p><b>B1.</b> Persons who are homeless and have serious mental illnesses served by <b>PATH funds <u>and</u> other sources.</b></p>                                     | <p><a href="#">Help</a></p> | <input type="text"/><br><input type="radio"/> Estimated<br><input type="radio"/> Actual |
| <p><b>B2a.</b> Persons served by <b>PATH federal and match funds-- outreach.</b></p>   | <p><a href="#">Help</a></p> | <input type="text"/><br><input type="radio"/> Estimated<br><input type="radio"/> Actual |
| <p><b>B2b.</b> Number of <b>outreach</b> contacts who became <b>enrolled</b> during the year as PATH clients.</p>  | <p><a href="#">Help</a></p> | <input type="text"/><br><input type="radio"/> Estimated<br><input type="radio"/> Actual |
| <p><b>B2c.</b> Number of <b>outreach</b> contacts who <b>did not become enrolled</b> during the year as PATH clients <i>(Note: Item B2c = Item B2a - Item B2b)</i></p> | <p><a href="#">Help</a></p> | <input type="text"/><br><input type="radio"/> Estimated<br><input type="radio"/> Actual |
| <p><b>B2d.</b> Number of outreach clients (in Item B2c above) <b>not enrolled</b> because they have been found to be <b>ineligible.</b></p>                            | <p><a href="#">Help</a></p> | <input type="text"/><br><input type="radio"/> Estimated<br><input type="radio"/> Actual |
| <p><b>B3.</b> Persons served by <b>PATH-- enrolled PATH clients.</b><br/><i>(Table B, Item B3)</i></p>   | <p><a href="#">Help</a></p> | <input type="text"/><br><input type="radio"/> Estimated<br><input type="radio"/> Actual |
| <p><b>B4.</b> <b>Total number</b> of persons receiving any <b>PATH</b>-supported services during the year.</p>   |                             | <input type="text"/>  |

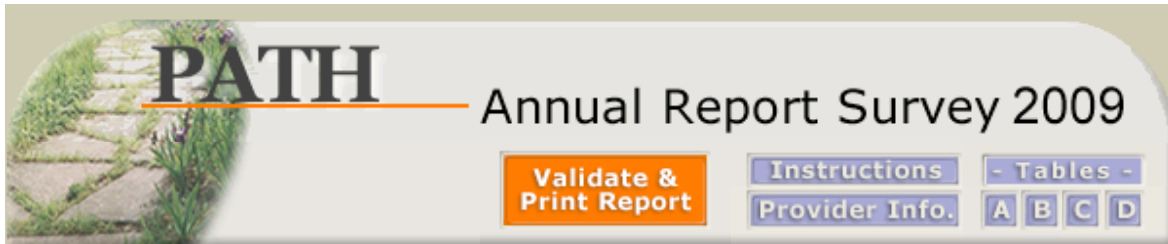
(Note: Item B4 = Item B2c + Item B3)

Help

- Estimated
- Actual

**Please explain any items for which you received warnings in the box below.  
Please reference the item number(s).**

Save / Update Data and Move to Next Page



Survey Information for: **The PATH Program - ID# 9000**

## Table C: Services Provided

The following services can be supported with PATH federal funds and match funds. Few PATH providers offer all of these services.

Please check the appropriate type of funding for each service. **If** the service is 100% PATH federal funded, PATH federal and match funded, or 100% PATH match funded please indicate the number of enrolled PATH clients who received the service in the box to the right. If the service is not provided enter zero (0) for number of enrolled PATH clients. *All numbers must be less than or equal to the number of enrolled PATH clients reported in Table B.*

Number of **Enrolled PATH Clients** Reported in Table B, Item 3 =

<b>Type of Service:</b>		<b>Number of Enrolled PATH Clients</b>
<b>Ca.</b>	<b>Outreach services:</b> <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/> <input type="radio"/> Service provided but not PATH funded <input type="radio"/> Service not provided	<b>Ca1.</b> <input style="width: 100px; height: 20px;" type="text"/>
<b>Cb.</b>	<b>Screening and diagnostic treatment services:</b> <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/> <input type="radio"/> Service provided but not PATH funded <input type="radio"/> Service not provided	<b>Cb1.</b> <input style="width: 100px; height: 20px;" type="text"/>
<b>Cc.</b>	<b>Habilitation and rehabilitation services:</b> <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/> <input type="radio"/> Service provided but not PATH funded <input type="radio"/> Service not provided	<b>Cc1.</b> <input style="width: 100px; height: 20px;" type="text"/>
<b>Cd.</b>	<b>Community mental health services:</b> <input type="radio"/> 100% PATH funded <input type="radio"/> Partially PATH funded <hr/>	<b>Cd1.</b> <input style="width: 100px; height: 20px;" type="text"/>

Service provided but not PATH funded  Service not provided

**Ce. Alcohol or drug treatment services:**

**Ce1.**

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

**Cf. Staff training, including the training of individuals who work in shelters, MH clinics, SA programs, and other sites:**

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

**Cg. Case management services:**

**Cg1.**

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

**Ch. Supportive and supervisory services in residential settings:**

**Ch1.**

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

**Ci. Referrals for primary health services, job training, educational services, and relevant housing services:**

**Ci1.**

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

**Cj1. Housing services: 1. Minor renovation, expansion, and repair of housing:**

**Cj11.**

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

Cj2.

**Housing services: 2.** Planning of housing:

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

Cj21.

Cj3.

**Housing services: 3.** The costs associated with matching eligible homeless individuals with appropriate housing situations:

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

Cj31.

Cj4.

**Housing services: 4.** Technical assistance in applying for housing assistance:

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

Cj41.

Cj5.

**Housing services: 5.** Improving the coordination of housing services:

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

Cj51.

Cj6.

**Housing services: 6.** Security deposits:

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

Cj61.

Cj7.

**Housing services: 7.** One-time rental payments to prevent eviction:

100% PATH funded  Partially PATH funded

Service provided but not PATH funded  Service not provided

Cj71.

**Voluntary Outcome Measures**

Number of **Enrolled PATH Clients**



**Ck1. Voluntary Outcome Measure: 1. Housing (transitional, supportive, or permanent):**

**Ck1a. Assisted**


%

Not reporting

**Ck1b. Attained**


%

Not reporting

**Ck2. Voluntary Outcome Measure: 2. Income benefits:**

**Ck2a. Assisted**


%

Not reporting

**Ck2b. Attained**


%

Not reporting

**Ck3. Voluntary Outcome Measure: 3. Earned income (employment):**

**Ck3a. Assisted**


%

Not reporting

**Ck3b. Attained**


%

Not reporting

**Ck4. Voluntary Outcome Measure: 4. Medical insurance or coverage plans (Medicaid, Medicare, and/or state/local plans):**

**Ck4a. Assisted**


%

Not reporting

**Ck4b. Attained**


%

Not reporting

**Ck5. Voluntary Outcome Measure: 5. Primary medical care:**

**Ck5a. Assisted**


%

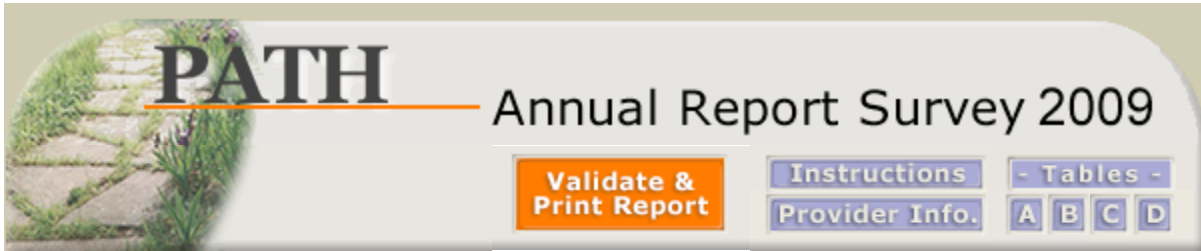
Not reporting

**Ck5b. Attained**


%

Not reporting

Save / Update Data and Move to Next Page



Survey Information for: **The PATH Program - ID# 9000**

## Table D: Demographics

Include as much demographic information as is available on each **enrolled PATH client**. If demographic information is not available for certain data elements, enter the clients into the "Unknown" category for that data element. Some elements could change (i.e., age). Where available, information should show the status of the person at **first contact**, even if the first contact occurred in a prior fiscal year. However, for persons who have enrolled, left and then re-entered the service system, indicate status upon re-entry.

*Total sum for each category (e.g. age) must be equal to Table B, Item B3. Your entered Value =*

### D1ea. Age:

<b>D1a.</b> Less than 13 years:	
<b>D1b.</b> 13-17 years:	
<b>D1c.</b> 18-34 years:	
<b>D1d.</b> 35-49 years:	
<b>D1e.</b> 50-64 years:	
<b>D1f.</b> 65-74 years:	
<b>D1g.</b> 75 years and older:	
<b>D1h.</b> Unknown:	

Numbers Reported are:

- Estimated  
 Actual

### D2ea. Gender:

<b>D2a.</b> Male	
<b>D2b.</b> Female	
<b>D2c.</b> Unknown	

Numbers Reported are:

- Estimated  
 Actual

### D3ea. Race/Ethnicity:

<b>D3a.</b> American Indian or Alaska Native	
<b>D3b.</b> Asian	

Numbers Reported are:

- Estimated  
 Actual

<b>D3c.</b>	Black or African American	<input type="text"/>
<b>D3d.</b>	Hispanic or Latino	<input type="text"/>
<b>D3e.</b>	Native Hawaiian or Other Pacific Islander	<input type="text"/>
<b>D3f.</b>	White	<input type="text"/>
<b>D3g.</b>	Other	<input type="text"/>
<b>D3go</b>	If other, please specify:	<input type="text"/>
<b>D3h.</b>	Unknown	<input type="text"/>

**D4ea. Principal Mental Illness Diagnosis:**

<b>D4a.</b>	Schizophrenia and Related Disorders	<input type="text"/>
<b>D4b.</b>	Other Psychotic Disorders	<input type="text"/>
<b>D4c.</b>	Affective Disorders	<input type="text"/>
<b>D4d.</b>	Personality Disorders	<input type="text"/>
<b>D4e.</b>	Other Serious Mental Illness	<input type="text"/>
<b>D4f.</b>	Unknown or Undiagnosed Mental Illness	<input type="text"/>

Numbers Reported are:

- Estimated
- Actual

**D5ea. Co-occurring Substance Use Disorders:**

<b>D5a.</b>	Co-Occurring Substance Use Disorders	<input type="text"/>
<b>D5b.</b>	No Co-Occurring Substance Use Disorders	<input type="text"/>
<b>D5c.</b>	Unknown If Substance Use Disorder	<input type="text"/>

Numbers Reported are:

- Estimated
- Actual

**D6ea. Veteran Status:**

<b>D6a.</b>	Veteran	<input type="text"/>
<b>D6b.</b>	Non-Veteran	<input type="text"/>
<b>D6c.</b>	Unknown	<input type="text"/>

Numbers Reported are:

- Estimated
- Actual

**D7ea. Housing Status (at first contact):**

<b>D7a.</b>	Outdoors (e.g., street, abandoned or public building, automobile)	<input type="text"/>
<b>D7b.</b>	Short term shelter	<input type="text"/>
<b>D7c.</b>	Long term shelter	<input type="text"/>
<b>D7d.</b>	Own or someone else's apartment, room, or house	<input type="text"/>

Numbers Reported are:

- Estimated
- Actual

- D7e.** Hotel, SRO, boarding house
- D7f.** Halfway house, residential treatment program
- D7g.** Institution (psychiatric or other hospital, nursing home, etc.)
- D7h.** Jail or correctional facility
- D7i.** Other
- D7j.** Unknown

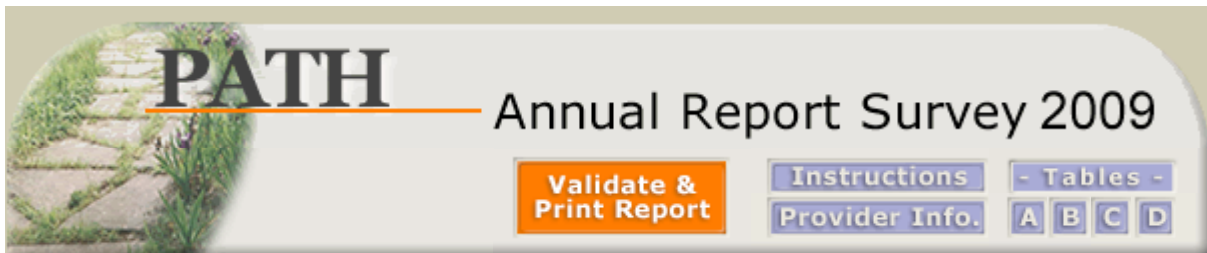
**D8ea. Length of time living outdoors or in short term shelter at first contact:**  
*(Total sum for this item must be equal to D7a+D7b).*

- D8a.** Less than 2 days
- D8b.** Two to 30 days
- D8c.** 31-90 days
- D8d.** 91 days to 1 year
- D8e.** Over 1 year
- D8f.** Unknown

Numbers Reported are:  
 Estimated  
 Actual

**D8f1. Date data entry completed.**   
 (mm/dd/yy)

Save / Update Data and Move to Next Page



## Next Step Validate Your Entries

When you have finished entering data into the survey form **please click on the button below to run** the validation program which will check that your entries meet the requirements outlined in the instructions.

If you receive any errors you may go to the corresponding table(s) by clicking on the buttons at the top of this page. Please make sure to click on **"Save / Update Data and Move to Next Page" buttons** at the bottom of each page in order for modifications to be sent to the database.

**The PATH Program ID# 9000**

I'm Finished, Validate My Entries

This may take a few minutes so please be patient.