

**Attachment A: PATH Online Provider Annual Report Form
(Survey, including Budget Section and Data Section)**

PATH Annual Report – Budget Information

Reporting Period
mm/dd/yy-mm/dd/yy

1. Federal PATH funds received this year: \$

2. Matching funds from State, local, or other sources used in support of PATH received this year: \$

3. Total funds dedicated this year, agency wide, to persons who have serious mental illness and are homeless or at risk of homelessness (include PATH, matching, and non-PATH funds): \$

4. Number of staff supported by PATH and matching funds:

5. Full-time equivalent (FTE) of staff supported by PATH and matching funds:

6. Type of organization in which your PATH program operates:
 - Community mental health center
 - Consumer-run mental health agency
 - Other mental health agency
 - Social service agency
 - Health Care for the Homeless/other health agency
 - Substance use treatment agency
 - Shelter or other temporary housing resource
 - Other housing agency
 - Other (please specify) _____

1. Total number of persons who received any PATH-funded service during the current reporting period:
2. Total number of persons who were Outreached/Contacted during the current reporting period:
3. Total number of persons who were Outreached/Contacted that became Enrolled during the current reporting period:
4. Total number of persons who could not be Enrolled because they were ineligible:
5. Total number of persons currently Enrolled in PATH:
6. Total number of contacts made this reporting period:
7. Total number of services provided during this reporting time period:
8. Total number of referrals given during this reporting time period:

9. Housing Status	Total Number of Persons who were Outreached/Contacted During the Current Reporting Period with this Status
Literally homeless	
Imminently losing their housing	
Unstably housed and at-risk of losing their housing	
Stably housed	
Don't know	
Refused	
Total	

10. Services Provided	Total Number of Times this Service was Provided	Number of Persons Receiving this Service
Outreach		
Screening/Assessment		
Habilitation/Rehabilitation		
Community Mental Health		
Substance Use Treatment		
Case Management		
Residential Supportive Services		
Housing Minor Renovation		
Housing Moving Assistance		
Housing Technical Assistance		
Security Deposits		
One-time Rent for Eviction Prevention		
Other		
Total		

11. Referrals Provided	Total Number of Times this Type of Referral was Made	Number of Persons Receiving this Type of Referral (Assisted)	Number of Persons that Attained this Type of Referral
Community Mental Health			
Substance Use Treatment			
Primary Health Services			
Job Training			
Educational Services			
Relevant Housing Services			
Housing Placement Assistance			
Income Assistance			
Employment Assistance			
Medical Assistance			
Total			

12. Demographics		Persons Contacted	Persons Enrolled
GENDER	Female		
	Male		
	Transgendered Male to Female		
	Transgendered Female to Male		
	Other		
	Don't Know		
	Refused		
	Total		
AGE	17 and Under		
	18-23		
	24-30		
	31-50		
	51-61		
	62 and over		
	Don't Know		
	Refused		
Total			
RACE	American Indian or Alaskan Native		
	Asian		
	Black or African American		
	Native Hawaiian or Other Pacific Islander		
	White		
	Two or More Races		
	Don't Know		
	Refused		
	Total		
ETHNICITY	Non-Hispanic/Non-Latino		
	Hispanic/Latino		
	Don't Know		
	Refused		
	Total		

VETERAN STATUS	Veteran		
	Non-Veteran		
	Unknown		
	Total		
CO-OCCURRING DISORDERS	Co-Occurring Substance Use Disorder		
	No Co-Occurring Substance Use Disorder		
	Unknown		
	Total		
RESIDENCE PRIOR NIGHT TO ENROLLMENT	Emergency shelter, including hotel or motel paid for with emergency shelter voucher (Short Term Shelter)		
	Transitional housing for homeless persons (including homeless youth)		
	Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)		
	Psychiatric hospital or other psychiatric facility		
	Substance use treatment facility or detox center		
	Hospital (non-psychiatric) or physical rehabilitation facility		
	Jail, prison or juvenile detention facility		
	Long term care facility (e.g. boarding or nursing home)		
	Staying or living in a family member's room, apartment or house		
	Staying or living in a friend's room, apartment or house		
	Hotel or motel paid for without emergency shelter voucher		
	Foster care home or foster care group home		
	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"		
	Other		
	Safe Haven		

	Safe Haven		
	Rental by client, with VASH housing subsidy		
	Rental by client, with other (non-VASH) ongoing housing subsidy		
	Owned by client, with ongoing housing subsidy		
	Rental by client, no ongoing housing subsidy		
	Owned by client, no ongoing housing subsidy		
	Don't Know		
	Refused		
	Total		
LENGTH OF TIME LIVING OUTDOORS OR IN SHORT TERM SHELTER	Less than 2 days		
	2 - 30 days		
	31 - 90 days		
	91 days to 1 year		
	Over 1 year		
	Unknown		
	Total		

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