

# PARTNERS IN CARE

\*Last Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ \*Exit Date: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*SSN (last 4 digits): \_\_\_\_\_ \*Project: \_\_\_\_\_

## Current Living Situation

- |   |   |
|---|---|
| <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="checkbox"/> Safe Haven                 |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter                    | <input type="checkbox"/> Worker unable to determine |
|   | <input type="checkbox"/> Other                      |

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

**Services** Data entry: Only select Case Management or Outreach services on this form. All PATH services and referrals must be recorded on those specific forms from the PATH Dashboard.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Case management<br><input type="checkbox"/> Clinical Assessment<br><input type="checkbox"/> Community mental health<br><input type="checkbox"/> Habilitation/rehabilitation | <input type="checkbox"/> Housing minor renovation<br><input type="checkbox"/> Housing moving assistance<br><input type="checkbox"/> Housing eligibility determination<br><input type="checkbox"/> One-time rent for eviction prevention | <input type="checkbox"/> Re-engagement<br><input type="checkbox"/> Residential supportive services<br><input type="checkbox"/> Screening/assessment<br><input type="checkbox"/> Security deposits<br><input type="checkbox"/> Substance use treatment |
|--|---|---|

**\*Referrals**

Referral Date

Community Mental Health	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Educational Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Employment Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Housing Placement Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Income Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Job Training	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Medical Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Primary Health Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Relevant Housing Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Substance Use Treatment	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained

\*Encounter location details:

\_\_\_\_\_

\_\_\_\_\_