

## 2020 PATH Services and Referrals

**Project Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Project Name:** \_\_\_\_\_

**ServicePointClient ID** \_\_\_\_\_ **Relationship to head of household:**

Self     Child of HoH     Spouse or Partner     other relation to HoH     other: non-related member

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

### Services

Type of PATH Funded Service Provided	Date of Service(s)
Reengagement	
Screening	
Habilitation/Rehabilitation	
Community Mental Health	
Substance Use Treatment	
Case Management	
Residential Supportive Services	
Housing Minor Renovation	
Housing Moving Assistance	
Housing Eligibility Determination	
Security Deposits	
One-time for Eviction Prevention	
Clinical Assessment	

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**Referrals Provided**

Description in ServicePoint	PATH Program Usage	Date of Referral	Attained	Not Attained	Unknown
Community Mental Health	Referral to Community Mental Health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Services	Referral to Educational Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance	Referral to Employment Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Housing	Referral to Permanent Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Housing	Referral to Temporary Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Assistance	Referral to Income Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Training	Referral to Job Training		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance	Referral to Medical Insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Health and Dental Care	Referral to Primary Health and Dental Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Services	Referral to Housing Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Treatment	Referral to Substance Use Treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>