

PATH / SOAR

Referral

Name: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Phone Number: _____

Veteran: Yes No Race: _____ Ethnicity: _____ Sex: _____ Gender: _____

Mailing Address: _____

E-Mail Address: _____ Imminently Homeless? Yes No

Own/Rent Shelter Transitional Housing Outside Hotel/Motel

Doubled Up/Living with Others Hospital Jail Chronically Homeless? Yes No

Zip Code of last permanent address: _____ Income? Yes No Source: _____

Marital Status: _____ Number of Children: _____ Do they live with you? Yes No

Insurance Provider: Medicaid Medicare Private None

Psychiatric Diagnosis: _____

Substance Use: Yes No Are you Disabled? Yes No Reason: _____

Mental Health Provider: _____

Primary Care Physician: _____

Treatment Needs and Goals:

<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Social Security Disability/ Supplemental Security Income	<input type="checkbox"/> Primary Care Provider
<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Income Assistance (SNAP, Cash Assistance)
<input type="checkbox"/> Employment Services and Educational Services	<input type="checkbox"/> Birth Certificate* <input type="checkbox"/> ID*	<input type="checkbox"/> Insurance

*Please note there is a \$15.00 maximum for ID's and a \$24.00 maximum for Birth Certificates



MARYLAND HOMELESS I.D. PROJECT

Documentation of Homelessness

Please use the following space to describe the applicant's current living situation. If the applicant is currently in the detention center, please describe their living situation prior to incarceration. If the applicant is currently residing in a shelter, transitional housing program, or other temporary housing facility additional documentation of homelessness, i.e. letter on agency letterhead must be included with this form.

Self-Verification

Current Living Situation/Housing Status – Check or circle only one (1) box:						
<input type="checkbox"/> Literally Homeless		<input type="checkbox"/> Housed and At Imminent Risk of Losing Housing		<input type="checkbox"/> Housed and At Risk of Losing Housing		
Type of Most Recent Residence – Where did you stay last night? – Check only one (1) box:						
<input type="checkbox"/> Emergency Shelter Including Motel Vouchers	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Permanent Housing Program for the Formerly Homeless	<input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility	<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Jail, Prison, or Juvenile Detention Center
<input type="checkbox"/> Staying or Living in a <u>Family Member's</u> Room, Apt. or House	<input type="checkbox"/> Staying or Living in a <u>Friend's</u> Room, Apt. or House	<input type="checkbox"/> Hotel or Motel – Self-Pay	<input type="checkbox"/> Foster Care Home or Foster Care Group Home	<input type="checkbox"/> Place Not Meant for Habitation – vehicle, streets, outdoors, empty building, etc.	<input type="checkbox"/> Other – Specify:	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Rental with VASH* Housing Subsidy	<input type="checkbox"/> Rental with Other Housing Subsidy (non-VASH)**	<input type="checkbox"/> Owned with Ongoing Housing Subsidy	<input type="checkbox"/> Rental – NO Ongoing Housing Subsidy	<input type="checkbox"/> Owned - NO Ongoing Housing Subsidy	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Length of Stay at Most Recent Residence (see above) – Check or circle only one (1) box:						
<input type="checkbox"/> One (1) week or less	<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> One (1) to 3 months	<input type="checkbox"/> More than 3 months, but less than 1 year	<input type="checkbox"/> One (1) year or longer	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
ZIP Code of Last Permanent Residence: (Downtown Frederick is 21701)						

I certify that the information provided regarding my homeless status is accurate and true.

Date: _____ **Signed:** _____ (Applicant)

Date: _____ **Witness:** _____