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**PATH HOUSING INITIAL CHECK LIST**

**Client** **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Available and on file: Yes or No**

**\_\_\_\_\_** Picture ID (has a valid copy on person)

\_\_\_\_\_ Social Security Card (has an original on person)

\_\_\_\_\_ Birth Certificate (needed if they do not have an ID)

\_\_\_\_\_ Proof of Income (award letter, paycheck stub, SSI/food stamp/public assistance letter)

\_\_\_\_\_ Background check completed and on file

\_\_\_\_\_ Resume on file

\_\_\_\_\_ Cell Phone (Safe Link or Assurance)

**Access To: Yes or No**

**\_\_\_\_\_** Food Stamps (make sure client knows where to go recertify)

\_\_\_\_\_ Clothing (Drop in Centers, local churches, community clothes closets)

\_\_\_\_\_ Transportation/Own a Vehicle (make sure client is aware of Medicaid, case managers, and   
 public bus pass discounts for assistance with visits)

**Housing Info/History: Yes or No**

**\_\_\_\_\_** Meet HUD definition of homeless \_\_\_\_\_\_\_ Any Evictions \_\_\_\_\_\_ Any Pets  
  
\_\_\_\_\_ Any Arrests: Domestic Violence/Property Damage/Sexual Offender

\_\_\_\_\_ Owned a Home

**Screening completed by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below I certify that this information provided is accurate.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_