

PATHWAY HOME DEMOGRAPHIC SHEET

RE: PATHWAY HOME ☐

Date: _____

CLIENT'S INFORMATION

Client's Name:		
Social Security Number:	CA Case Number:	CARES ID:

FACILITY INFORMATION

Facility:	Facility Code:
Facility Staff Contact:	Facility Staff Telephone Number:
Facility Staff E-Mail:	
Program Administrator:	Program Analyst:

DOCUMENTS ATTACHED:

- ☐ **DSS-23c** Program Applicant Statement of Understanding
- ☐ **DSS-23b** Primary Occupant Statement
- ☐ **DSS-23a** Program Application
- ☐ Host's Proof of Ownership or Tenancy
- ☐ **W9** from primary occupant, including verification
- ☐ **DSS-8b** Tenant Contact Information
- ☐ **DSS-23d** Pathway Home Walkthrough Request Form
- ☐ **HPA-65** - Pathway Home Host Family Authorization for Clearances and Release of Information

Comments: _____

SUPERVISORY REVIEW (Director of Social Services or higher)

 Name (print)

 Title

 E-Mail Address

 Telephone Number

 Signature

 Date