 

**PATH Home Checklist**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Picture ID Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

SS Card Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Birth Certificate Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Proof of Positivity Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Current Labs Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Criminal History Check Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Proof of Income Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Verification of

Disability Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Proof of

Homelessness Yes\_\_\_\_\_\_ No\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

PATH Home Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>