 

**UF CARES/River Region PATH Home Project**

**Partnership for Access to Treatment and Housing (PATH HOME) HIV/Homeless SPNS**

**Transition Eligibility Form**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes or No

RIVER REGION

1. CLIENT HAS POSESSION OF VALID FLORIDA ID? COPY MADE? ⃝ ⃝
2. BIRTH CERTIFICATE? ⃝ ⃝
3. SOCIAL SECURITY CARD? ⃝ ⃝
4. BACKGROUND CHECK? Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ ⃝
5. PROOF OF INCOME? ⃝ ⃝
6. LEASE/HOUSING AGREEMENT? ⃝ ⃝

Agency/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. HOME VISIT? Last Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ ⃝
2. RESOURCES PROVIDED? ⃝ ⃝

Furniture ⃝, Food ⃝, Clothing ⃝, Employment ⃝, \_\_\_\_\_\_\_\_\_\_\_\_\_

1. MENTAL HEALTH? Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ ⃝
2. SUBSTANCE ABUSE? Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ ⃝
3. INFORMED PRIMARY CM OF OUTCOME? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ ⃝

RR Peer Navigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RR Case Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UF CARES

1. RYAN WHITE ELIGIBILITY? Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_
2. RW MCM CONSENTS? Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. ID MEDICAL APPOINTMENT? Last\_\_\_\_\_ \_\_\_\_\_\_\_Pending \_\_\_\_\_\_\_\_\_\_\_\_
4. DENTAL? Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. PCP/SHANDS CARD? Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. LABS? Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. RESEARCH CONSENT ⃝ ⃝
8. CAREWARE (Provider tab, General info)? ⃝ ⃝
9. HOME VISIT? Last Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. INFORMED PRIMARY CM OF OUTCOME? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. LINKAGE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UF CARES Peer Navigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UF CARES MCM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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>