**Harford Community Action Agency, Inc.**
1321-B Woodbridge Station Way, Edgewood, MD 21040
Main Agency Phone: 410-612-9909
Supportive Services Program Fax: 443-456-3631
PATH Case Manager JR Clark: 443-910-7237 or jclark@harfordcaa.org
www.harfordcaa.org

## Projects for Assistance in Transition from Homelessness (PATH) Program Referral

**Referring Information:**

Date of Referral: _____ Referring Agency: _____ Name of Referrer (Title) _____
Phone: _____ Fax Number: _____ Email Address: _____

**Client Information:**
Name: _____ Gender/Pronouns: _____ Phone: _____
SSN: _____
Date of Birth: _____ Age: ___ Race: _____ Medical Assistance: #_____
Legal Guardian/Advocate: _____ Address: _____
Phone: _____ Alternate Phone: _____

**Medical Information:**
Primary Care Physician: _____ Phone Number: _____

**PATH Services Needed:**
☐ Emergency Shelter ☐ Housing Plan ☐ Behavioral Health ☐ SNAP Benefits
☐ Medical Insurance ☐ SOAR Referral ☐ Housing Search Assistance
☐ Financial Literacy Referral ☐ Adult Vocational/Educational Referral ☐ Harm Reduction
Other: ☐

**Current Treatment:** Please list the locations, dates, and the person responsible and phone numbers of inpatient or outpatient settings in which the consumer currently participates.
1._____
2. _____

**Diagnosis:** Please indicate current DSM V diagnoses below.
ICD 10 Code: _____
ICD 10 Code: _____
Diagnosis given by: Date:

**Current Medications:** (Please provide name and dosage amount)
Please forward the most recent assessment and/or treatment plan when sending this referral.

Printed Name and Credentials: _____

Date: _____Signature: _____

From the desk of **Brian Wainwright**
*Senior Director of Supportive Services Program Ext. 2202*