



Empowering People.
Empowering Change.

PATH Referral Form

Information to be obtained by referring party and forwarded to:

PATH
PATH@guildservices.org
Tel: 651-291-0067 ext:6500
Fax: 651-291-8555

Referral Information:

Client Name: _____

Date of Birth: ____/____/____

Race: _____

Gender: _____

Where to find:

Current location Phone number

Other contact:

Name Phone number

Eligibility Criteria:

Is the applicant a single adult, 18 years or older, or a family with an adult who meets the following criteria:

Diagnosed **Serious Mental Illness**



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(a mental illness “that seriously limits a person’s capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.”)

AND ONE of the following criteria

Homelessness
(No specific length of time)

Exiting an institution (i.e. hospital, IRTS, jail) with homelessness upon discharge

Referral from:

Name:

Agency:

Phone:

Email: