

Pathways to Permanent Housing Case Management Expectations

1. Case Managers who would like to make a referral to Pathways should fax over the paper application to 414-223-1815 ATT: Kali Daugherty
2. Case Managers making referrals to Pathways are expected to provide verification of client's homeless history. Priority will be given to those who are chronically homeless.
3. Case Managers making referrals to Pathways are expected to add their client to the Housing Prioritization list through Coordinated Entry. Any questions or assistance needed with this please speak with Kali Daugherty. Contact information: Kaleena.daugherty@milwaukeecounty.gov 414-514-1206.
4. Case Managers making referrals to Pathways are expected to accompany their client to the initial assessment and provide transportation for their client to get to the location.
5. Case Managers are required to meet with clients at a minimum weekly while they are living at Pathways.
6. Case Managers will assist clients in applying for all services they qualify for such as but not limited to: Foodshare, insurance, SOAR.
7. Case Manager will provide the Pathways Care Coordinator with their contact information and the agency's emergency contact information upon client admission.
8. Case Managers will return phone calls and emails within 24 hours or by the next business day.
9. Case managers are responsible for notifying Pathways staff when they are going to be out of the office and provide a point of contact in their absence.
10. While at Pathways if a client's behavior is reported to be unsafe to themselves, other residents, staff, neighbors, or anyone else involved with the program a staffing will need to be conducted with Pathways staff and Milwaukee County Housing Division Staff. The client may be asked to leave and the case manager would be responsible for finding alternative placement.
11. Case managers are required to attend a monthly operations meeting to discuss client progress at the Housing Division. These will be held on the 1st and 3rd Monday of the month from 1-4pm. The Community Intervention Specialist will discuss attendance with you and send out an emailed reminder.

By signing this you agree to the follow the Pathways Case Management guidelines.

Case Manager signature: _____

Agency: _____

Date: _____