



SCHC HOPE Medical Respite Referral Worksheet

The intent of our program is to provide care for homeless individuals who are recovering from an acute or post-acute medical condition. The Recuperative Care program is designed to provide a safe place to recover for people experiencing homelessness who are discharged from the hospital, or those failing to thrive in the shelter system or on the streets due to acuity of medical conditions. Program length cannot exceed 8 weeks.

Please complete this form to the best of your ability. Once this form is received by our RN, the patient will be interviewed by the medical representative of our Medical Respite Care Team to determine appropriateness for admission and patient's ability and willingness to engage in their medical care. This is a harm reduction, housing first focused program that aims to balance patient safety and their ongoing medical needs.

Patient's Name: _____ DOB: _____

MRN: _____ Current Pt Location: _____ Rm #: _____

Hospital MD/Provider: _____ Provider's Contact #/Pager: _____

Contact Staff at Mercy (Case Management): _____ Phone #: _____

Homeless Status Verified: Y N Living Situation prior to hospitalization: _____

MEDICAL REASON FOR REFERRAL (ACUTE): _____

Anticipated RC LOS (should be 4-6 weeks): _____

Does patient require wound care (if so, please describe the wound, location and size and current treatment plan): _____

—

Anticipated D/C Date from hospital: _____ Recent hospitalization/currently hospitalized? Y N

Admit Date: _____ Any surgeries? _____

Specialty FU Required: Y N Scheduled Appts (with dates): _____

Insured: Y N Current Insurance Coverage: _____

Any communicable diseases? Y N Pt requires oxygen? Y N

Able to care for self: Y N Bowel & bladder continent? Y N

Ambulatory? Y N Assistive device used? Y N

Indwelling catheter? Y N Can pt self-administer meds? Y N

Requires insulin? Y N Does pt have PICC line? Y N

Patient agreeable to admission to recuperative care: Y N

What is the plan for patient's prescriptions at the time of discharge? _____

Details from abnormal answers above: _____

Patient is also eligible for SNF: Y N Has patient been denied by SNF bc of disposition issues? Y N

Has the patient been arrested or convicted of a sexual offense, violent offense, arson or a drug-related manufacturing charge that could be a barrier to accessing community resources or housing?

Details:

TO BE COMPLETED BY MEDICAL RESPITE STAFF AT THE HOSPITAL OR IN THE FIELD :

- 1) Does the patient have any belongings that they will be bringing to the hotel with them if admitted, if so, how many?

- 2) Does the patient have any animals that they will be bringing to the hotel with them, if so, has a plan of care been discussed with them?

- 3) Does the patient have children that they will be having stay with them? If so, please refer to the assessment protocol for children in the program.