**CRC Individual Shelter Referral Form**

**Social Worker Name:** Click or tap here to enter text. **Best way to reach you:** click to enter

**Patient Information**

Today’s **Date:** Click or tap here to enter text.

**Patient’s Name**: Click or tap here to enter text. **MRN:** Click or tap here to enter text.

**How long has the patient experienced homelessness** (roughly)**?** Click or tap here to enter text.

**Can family, friends or other supports offer a feasible shelter alternative?** Yes/No

**Can patient take own medications AND perform ADLs independently?** Yes/No

**Can patient get to follow-up appointments independently?** Yes/No

**Has patient stayed in shelter before?** Yes/No **If yes, is patient known to and/or barred from any shelters (please specify)?** Click to enter text

**Reason for hospital admission** Click or tap here to enter text.

**Expected discharge date/time** Click or tap here to enter text.

**Any mental health concerns that the shelter should be aware of?** Click or tap here to enter text.

**Shelter Information**

**Please refer patient to:**

Southampton St.  Woods Mullen  Pine Street Inn

Y2Y **Young Adult** (academic year only)  New England Center & Home for **Veterans**

Other Shelter/ Geographic AreaClick to enter text

Is pt **willing** to go to dry shelter? Yes  No Does pt **require** dry shelter? Yes  No

**Any special medical needs to share with shelter?** (e.g., require a bottom bunk, electric outlet for CPAP, etc.?) Click or tap here to enter text.

**Anything else we should know or you would like us to ask?** Click or tap here to enter text.

***To submit: Please email form to*** [Grace Santana](mailto:gsantana9@mgh.harvard.edu)

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| **For CRC Staff**  Which shelter accepted? Click or tap here to enter text. When can the patient arrive? Click to enter text  Social Worker Notified CRC Staff Name Click or tap here to enter text. |