**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

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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.  |