

Date of Referral: \_\_\_\_\_ Requested Date of Transfer: \_\_\_\_\_

Referring Organization: \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

Referred Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## HOMELESSNESS INFORMATION (check all that apply)

- Sleeping in shelter immediately before hospital entry
- Sleeping on streets immediately before hospital entry
- No housing discharge location available
- Not homeless

## MEDICAL INFORMATION

Diagnosis (acute reason why client was hospitalized): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Durable Medical Equipment coming with client: \_\_\_\_\_

Medical reason that Medical Respite is needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCREENING CRITERIA

### **STEP ONE: Inclusion Criteria** – The client is NOT ELIGIBLE if **any** of these answers are “NO”

Can the client provide a copy of their ID or medical record face sheet?  YES  NO

Is the client an ADULT age 18 or over  YES  NO

Is the client able to self-care without assistance, meaning are they able to:

- Eat on their own without any assistance?  YES  NO
- Ambulate around the shelter without assistance?  YES  NO
- Bathe daily and use the restroom without staff assistance?  YES  NO
- Get into and out of a bed without staff assistance?  YES  NO

Client has no more than two bags of belongings weighing 25 lbs each?  YES  NO

### **STEP TWO: Exclusion Criteria** – The client is NOT ELIGIBLE if **any** of these answers are “YES”

Client has intensive medical needs (e.g., wound vac, vascular lines, trach requiring suction)  YES  NO

Client requires oxygen therapy  YES  NO

Client is in isolation for scabies or bed bugs  YES  NO

Client is in withdrawal from alcohol, benzodiazepines, or opiates  YES  NO

**Exclusion Criteria (continued)** – The client is NOT ELIGIBLE if **any** of these answers are “YES”

Is client utilizing or recommended for:

- Suboxone or methodone therapy?  YES  NO
- Dementia care?  YES  NO
- Dialysis?  YES  NO
- Hospice or palliative care?  YES  NO

Is client diagnosed with:

- COVID-19?  YES  NO
- Methicillin-Resistant Staphylococcus Aureus (MRSA)?  YES  NO
- Tuberculosis (TB)?  YES  NO
- C. Difficile infection?  YES  NO

**STEP THREE: Prognostic Criteria** – The client is NOT ELIGIBLE if **any** of these answers are “NO”

Client is likely to be ready for independent living within 4-6 weeks of discharge  YES  NO

Client is willing to participate in a care plan  YES  NO

Is the client psychiatrically stable, meaning are they:

- WITHOUT current suicidal or homicidal ideation?  YES  NO
- Appropriate for a group setting?  YES  NO
- Assessed to require NO restraints?  YES  NO

**STEP FOUR: Client Consent to ASC Shelter Policy**

Due to COVID-19, Austin Street Center requires a copy of a recent COVID-19 test result. Clients are able to leave the center as early as 3am and must return by 6pm unless an exception is approved by a case manager.

Is the client willing to shelter at ASC and comply with these guidelines?  YES  NO

**STEP FIVE: Attach Required Documentation** – All must be included with the referral

Negative COVID-19 test results marked within previous 72 hours  ATTACHED

Copy of client ID and/or medical record face sheet  ATTACHED

Copy of PT/OT/RN/MD notes  ATTACHED

**How to refer your client**

1. E-mail the completed Screening Form, Proof of negative COVID test results, Medical record face sheet, PT/OT/Nurse/MD notes to: MedicalRespite@texashealth.org
2. Medical Respite staff will coordinate with Austin Street Center and reply within 72 hours of receipt of referral for acceptance.
3. Medical Respite intake through Austin Street Center occurs Monday through Friday 9am-12pm.
4. A two week supply of medication, discharge paperwork and written instructions must be sent with client.

**ASC Staff Use Only**

- ID Accepted?  YES  NO
- COVID-19 Test Result Accepted?  YES  NO
- Sex offender checked and accepted?  YES  NO