

## **Medical Respite Referral Form**



Date of Referral:	ate of Referral: Requested Date of Transfer:					
Referring Organization:	Contact Person's N	Name:				
Referred Client Name:	rth:					
HOMELESSNESS I	NFORMATION (check all	that apply)				
☐ Sleeping in shelter immediately before	fore hospital entry					
☐ Sleeping on streets immediately be	fore hospital entry					
☐ No housing discharge location avail	lable					
☐ Not homeless						
<u>ME</u>	DICAL INFORMATION					
Diagnosis (acute reason why client was	hospitalized):					
Durable Medical Equipment coming with Medical reason that Medical Respite is	th client:					
<u>S(</u>	CREENING CRITERIA					
STEP ONE: Inclusion Criteria –	<mark>The client is NOT ELIGIBLE if <u>a<b>ny</b></u> of the</mark>	se answers are "NO"				
Can the client provide a copy of their II	or medical record face sheet?	XES NO				
Is the client an ADULT age 18 or over						
Is the client able to self-care without as	sistance, meaning are they able to:					
Eat on their own without any a.						
Ambulate around the shelter w	ithout assistance?	$\stackrel{\frown}{\boxtimes}$ YES $\stackrel{\frown}{\square}$ NO				
Bathe daily and use the restroo	m without staff assistance?	X YES NO				
<ul> <li>Get into and out of a bed without</li> </ul>	out staff assistance?	X YES NO				
Client has no more than two bags of be	longings weighing 25 lbs each?	XES NO				
STEP TWO: Exclusion Criteria -	- <mark>The client is NOT ELIGIBLE if <i>any</i> of th</mark>	ese answers are "YES"				
Client has intensive medical needs (e.g.,	•					
Client requires oxygen therapy		☐ YES ⋈ NO				
Client is in isolation for scabies or bed by	ougs	☐ YES ⋈ NO				
Client is in withdrawal from alcohol be		□ YES ⊠ NO				

S client utilizing or recommended for:  Suboxone or methodone therapy?  Dialysis?  Hospice or palliative care?  Methicillin-Resistant Staphylococcus Aureus (MRSA)?  Methicillin-Resistant Methicillin-Resistant Staphylococcus Aureus (MRSA)?  Methicillin-Resistant Methicillin-Resistant Staphylococcus Aureus (MRSA)?  Methicillin-Resistant Methicillin-Re	Exclu	sion Criteria (continued) — <mark>The client is NOT ELIGBLE if <u>any</u> of these</mark>	answ	ers are	e "YES"	
Dementia care? Dialysis? Blospice or palliative care? Bodient diagnosed with: COVID-19? Methicillin-Resistant Staphylococcus Aureus (MRSA)? Tuberculosis (TB)? C. Difficile infection?  STEP THREE: Prognostic Criteria – The client is NOT EIIGBLE if any of these answers are "NO" Client is likely to be ready for independent living within 4-6 weeks of discharge YES NO  STEP THREE: Prognostic Criteria – The client is NOT EIIGBLE if any of these answers are "NO" Client is likely to be ready for independent living within 4-6 weeks of discharge YES NO  STEP THREE: Prognostic Criteria – The client is NOT EIIGBLE if any of these answers are "NO" Client is willing to participate in a care plan  Is the client psychiatrically stable, meaning are they: WITHOUT current suicidal or homicidal ideation? Appropriate for a group setting? Assessed to require NO restraints?  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?  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 Copy of PT/OT/RN/MD notes  How to refer your client  E-mail the completed Screening Form, Proof of negative COVID test results, Medical record face sheet, PT/OT/Nurse/MC notes to Medical Respite intake through Austin Street Center and reply within 72 hours of receipt of referral for accept Medical Respite intake through Austin Street Center and reply within 72 hours of receipt of referral for accept Medical Respite intake through finds yam-12pm.  Axc Staff Use Only  ID Accepted?  NO	Is clien	•			_	
Dialysis?     Hospice or palliative care?     Hospice or palliative care?     Stellent diagnosed with:     COVID-19?     Methicillin-Resistant Staphylococcus Aureus (MRSA)?     Meshicillin-Resistant Staphylococcus	•	Suboxone or methodone therapy?	Ш	YES		
Bospice or palliative care?    YES   NO	•	Dementia care?		YES	⊠ NO	
Is client diagnosed with:  COVID-19?  Methicillin-Resistant Staphylococcus Aureus (MRSA)?  Tuberculosis (TB)?  C. Difficile infection?  Methicillin-Resistant Staphylococcus Aureus (MRSA)?  Tuberculosis (TB)?  C. Difficile infection?  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  STEP THREE: Prognostic Criteria — The client is NOT ELIGIBLE if any of these answers are "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?  Appropriate for a group setting?  Appropriate for a group setting?  Assessed to require NO restraints?  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  Copy of client ID and/or medical record face sheet  ATTACHED  Copy of PT/OT/RN/MD notes  How to refer your client  E-mail the completed Screening Form, Proof of negative COVID test results, Medical record face sheet, PT/OT/Nurse/ME notes to: MedicalRespite@texashealth.org  Medical Respite staff will coordinate with Austin Street Center and reply within 72 hours of receipt of referral for accept Medical Respite intake through Austin Street Center occurs Monday through Friday 9am-12pm.  Atwo week supply of medication, discharge paperwork and written instructions must be sent with client.	•	Dialysis?		YES	⊠ NO	
Methicillin-Resistant Staphylococcus Aureus (MRSA)?	•	Hospice or palliative care?		YES	⊠ NO	
Methicillin-Resistant Staphylococcus Aureus (MRSA)?	Is clien	t diagnosed with:			_	
Tuberculosis (TB)?  C. Difficile infection?  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?  Appropriate for a group setting?  Assessed to require NO restraints?  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?  STEP FIVE: Attach Required Documentation — All must be included with the referral Negative COVID-19 test results marked within previous 72 hours  Copy of Client ID and/or medical record face sheet  How to refer your client  E-mail the completed Screening Form, Proof of negative COVID test results, Medical record face sheet, PT/OT/Nurse/Mc notes to: MedicalRespite@texashealth.org  Medical Respite staff will coordinate with Austin Street Center and reply within 72 hours of receipt of referral for accept Medical Respite intake through Austin Street Center occurs Monday through Friday 9am-12pm.  A two week supply of medication, discharge paperwork and written instructions must be sent with client.	•	COVID-19?		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  Step the client psychiatrically stable, meaning are they:  WITHOUT current suicidal or homicidal ideation?  Appropriate for a group setting?  Assessed to require NO restraints?  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  Copy of client ID and/or medical record face sheet  Copy of PT/OT/RN/MD notes  How to refer your client  E-mail the completed Screening Form, Proof of negative COVID test results, Medical record face sheet, PT/OT/Nurse/ME motes to: MedicalRespite@texashealth.org  Medical Respite staff will coordinate with Austin Street Center and reply within 72 hours of receipt of referral for accept Medical Respite intake through Austin Street Center occurs Monday through Friday 9am-12pm.  A two week supply of medication, discharge paperwork and written instructions must be sent with client.	•	Methicillin-Resistant Staphylococcus Aureus (MRSA)?		YES	⊠ NO	
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Client is willing to participate in a care plan    Step   NO	STEP	THREE: Prognostic Criteria – The client is NOT ELIGBLE if <u>any</u> of the	ese an	swers	are "NO"	
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Assessed to require NO restraints?    YES   NO	•	WITHOUT current suicidal or homicidal ideation?	$\bowtie$	YES	□ NO	
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ID Accepted?					client.	
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