JWCH INSTITUTE, INC.
Health & Medical Services

S3: C-11
Click here to return to Standards Page

RECUPERATIVE CARE PROGRAM
Application Submission Checklist
(TO BE FAXED ALONG WITH APPLICATION)

Patient Name: _____ Date: _____

Ref. Agency: _____ Person making referral: _____
Please Print

COMPLETED FORMS	
☐	Program Referral Form (to be completed by social/referring personnel)
☐	Provider Referral Form (to be completed by MD/PA/NP)
☐	Letter of Verification of Homelessness (on hospital/referring agency letterhead)
☐	Pt demographic information (Hospital Face Sheet)
☐	Medication Reconciliation Form (to be filled out by MD/PA/NP)
☐	Public Health Communicable Disease Disclosure
MEDICAL RECORD	
☐	INITIAL History and Physical Evaluation S3: C-11 Click here to return to Standards Page
☐	Specialty Consult Notes (orthopaedics, psychiatry, substance abuse etc. If applicable)
☐	MD progress notes detailing pt's hospital course/updated medical condition
☐	MD discharge summary with plan (follow-up appts must be noted)
☐	PT/OT clearance if pt requires assistive device for ambulation. Note: Pt must be cleared for discharge to HOME.
☐	TB/CXR results
☐	Laboratory studies (blood, imaging studies, cultures if applicable)
UPON DISCHARGE	
☐	Pt must have 30 days supply of medication (if prescribed upon discharge)
☐	Wound care supply if needed with explicit wound care instructions ("cont. wound care is not sufficient")
☐	Pt must be discharged with assistive device if needed
☐	Pt must have be discharged with appropriately fitting shoes
☐	Pt must have follow-up care plan (specialty follow-up if deemed neccessary by the provider in charge of pt's care)

Application submitted by: _____
(Signature)

Please see our **"Admissions Criteria and Recuperative Guidelines"** for additional information.
For further clarification on the referral process, please contact:
Nancy Anguiano @ 213.689.2131 or 213.689.2132

The above completed forms and ancillary information should be faxed to our Recuperative Bed Control Unit at 213.572.0321 . Please be sure to include this checklist.