

INTERFAITH HOUSE REFERRAL REFERRAL CHECKLIST

Interfaith House is a residential facility accepting homeless adults who need time and a safe, clean place of respite to complete their recovery from a medical condition under the care of their referring institution. Interfaith House is not a medical, psychiatric, or substance abuse treatment center, but serves as a place where individuals can safely recuperate and access other needed services. Please use this checklist to help guide you through our referral process. We cannot accept a referral until all of these items have been completed. Thank you.

Intake Administrator: **James Nelson**

Intake Hours: 9:00 AM – 4:00 PM Monday through Thursday; 9:00 AM – 3:00 PM on Friday

Intake Phone Number: (773) 533-6013, extension 231 Intake Fax Number: (773) 533-9034

- Fax in the completed Referral Application Form (at this point the client will be added to the wait list, pending completion of the referral process and approval of the client)
- Fax in the completed Tuberculosis Test Verification Form
- Fax in the completed Signed Medical Diagnosis Form, this form should be completed by a physician whether or not the individual has HIV/AIDS
- Fax in the completed Homelessness Verification Form
- Discuss the Interfaith House program and our conditions of residency with the client, which briefly include: following their medical recovery plan, abstaining from alcohol and illegal drugs, participating in all house activities and programs, and respecting fellow clients, staff, the facility, rules and procedures. Residents will be living in a diverse, community setting and are expected to be able to share general living spaces, including bedrooms and bathrooms.
- Arrange for a time in which our Intake Administrator can speak with the client by phone
- Arrange for the client to arrive at Interfaith House with a 30-day supply of all needed medications and medical supplies. (unfilled prescriptions **do not** meet this requirement)
- Arrange for Home Health Care if the client will need assistance with any basic living skills (please refer to basic living skills that are listed on the Referral Application Form)
- Arrange for needed follow-up medical and psychiatric appointments
- Arrange for transportation to Interfaith House upon acceptance of referral

The items listed below are helpful to us when working with new clients. If applicable, please fax us copies of the following:

- Psychiatric assessments, Recent toxicology results, Medical insurance cards, Proof of income
- Any other medical records as requested by our Intake Administrator

Once our Intake Administrator confirms that all of the above items have been completed and the client is appropriate for our program, you will be notified when a bed becomes available.

Acute/Principle illness or injury: _____

Other medical conditions: _____

Estimated time needed at Interfaith House to stabilize medical conditions: _____

Dietary needs (check all that apply):

- General _____
- Diabetic _____
- Low cholesterol _____
- Low Salt _____
- Lactose intolerant _____
- Liquid _____
- Calorie _____
- Other _____

Disabilities (check all that apply):

- Hypertension _____
- HIV/AIDS _____
- Seizure disorder _____
- Diabetes _____
- Alcohol abuse _____ Last used: _____
- Drug abuse _____ Last used: _____
- Substance(s) used: _____

Medications & supplies that will be needed by client at time of discharge & reason for need (please note that we are a drug-free environment. If pain medications are needed, if possible, please consider non-narcotic based options).

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Is the client taking Methadone? Yes No If yes, what dose and for what reason?

Upcoming medical/psychiatric follow-up appointments (Location/Date/Time/Phone Number):

1. _____
2. _____
3. _____

Type of insurance: ___None ___Medicaid ___Medicare A/B ___Veterans Administration
___HMO/Private ___Other _____

Is client able to manage the following basic living skills **without assistance**:

- | | |
|-------------------------------------|--|
| Showering/hygiene ___ Yes ___ No | Take medication as prescribed ___ Yes ___ No |
| Dressing his/herself ___ Yes ___ No | Change medical dressings ___ Yes ___ No |
| Manage bowel/bladder ___ Yes ___ No | Manage all other medical supplies ___ Yes ___ No |

If no to any of the above, how will the client need assistance? _____

Has the Interfaith House program been discussed with the client, is he/she interested and willing to be referred to our program, and has informed consent been obtained? ___Yes ___No