Alameda County Hotel Screening and Referral Form

### Referring Provider Information
- **Form Completed By:** First & Last Name
- **Date Completed:** Click or tap to enter a date.
- **Referring Organization/Institution:** Click or tap here to enter text.
- **Referring Provider’s Phone Number:** Click or tap here to enter text.
- **Referring Provider’s Email:** Click or tap here to enter text.

### Client Information
- **First Name:** Click or tap here to enter text.  
- **Last Name:** Click or tap here to enter text.  
- **DOB:** Click or tap to enter a date.  
- **Gender:** Choose an item.
- **Social Security Number:** Click or tap here to enter number.  
- **Monthly Income:** Click or tap here to enter text.  
- **Income Source:**

### Client Health Insurance
- **Covered by Health Insurance?** Choose an item.
- **If yes, what is their primary insurance?** Choose an item.  
- **Other:** Click or tap here to enter text.
- **Secondary Insurance?** Choose an item.  
- **Other:** Click or tap here to enter text.

### Client Contact(s)
- **Name:** First and Last Name  
- **Phone Number:** Click or tap here to enter text.  
- **Relationship to patient:** Choose an item.

### Risk Assessment
- **Is the client actively expressing suicidal and/or homicidal ideations:** ☐ No ☐ Yes

**At least one of the following in EACH category (Residential and Clinical):**

1. **Current Residential Status – At least one of the below:**
   - ☐ Living on the street/places not meant for habitation
   - ☐ Emergency shelter
   - ☐ Transitional housing program for individuals experiencing homelessness
   - ☐ Exiting a health care or other institution with no identified residence at time of discharge
   - ☐ In a congregate living situation (in the last 90 days) with no way to self-isolate AND homeless prior to entry

2. **Current Clinical Status – At least one of the below:**
   - ☐ Positive COVID-19 Test
   - ☐ Recent contact with someone who has a verified positive COVID-19 test
   - ☐ Suspected case based on pending test results (awaiting laboratory confirmation)
   - ☐ Suspected case based on symptoms (fever, cough, AND shortness of breath)

Updated 3/25/2020