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.	
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 <u>one</u> of the below:**
   - ☐ Living on the street/places not meant for habitation
   - ☐ Emergency shelter
   - ☐ Transitional housing program for individuals experiencing homeless
   - ☐ 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 <u>one</u> 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)