

Operation Comfort Hotel Screening & Referral Form (Expanded Population)

This form is for the Public Health department and hospitals/clinics to submit referrals for homeless individuals and individuals who do not meet the federal definition of homelessness but are living in highly dense settings where they are unable to self-isolate. This form can be used to make referrals for individuals who are either COVID-positive, persons under investigation (PUI), have a presumptive case based on symptoms, or have documented exposure to a confirmed case.

Information collected here is being gathered by Abode Services on behalf of Alameda County Health Care Services Agency so that our limited resources can process the volume of referrals. This is HIPAA-compliant, and additional measures are being taken to safeguard the data.

Begin by entering the Referring Provider's Email Address below. You will only receive communications related to referrals; your information will not be used/sold.

* Required

Email address *

Your email

Next

Page 1 of 3

Never submit passwords through Google Forms.

This form was created inside of Abode Services. [Report Abuse](#)

Google Forms

Operation Comfort Hotel Screening & Referral Form (Expanded Population)

* Required

Referral Information & Agreement

It is important guests are advised of the rules and intake process prior to coming to the hotel. Our goal is to give important information to support their success entering the program. This can only be if you, our referring partners, take time to review at the time of referral.

I have advised the patient there is an intake process that includes security and screening. *

The referral can only be accepted if "Yes" is selected

Yes

No

The patient has agreed to the Safety and Participation Agreement. *

The referral can only be accepted if "Yes" is selected

Yes

No

Staff Signature Name *

Your answer

Staff Signature Date *

Date

mm/dd/yyyy 

Send me a copy of my responses.

Back

Submit


Page 3 of 3

Client Phone

Your answer

Client DOB *

Date

mm/dd/yyyy 

Client Gender *

Female

Male

Prefer not to say

Other:

Client SSN

Your answer

Address/Location *

Referring provider must have a known location & way to contact the client

Your answer

Client Monthly Income

Your answer

Income Source

Your answer

Covered by Health Insurance? *

Choose



If yes, what is their primary insurance?

Your answer

Secondary insurance?

Your answer

Client Contact 1

Enter Contact First & Last Name, Phone, and Relationship to Client

Your answer



Client Contact 2

Enter Contact First & Last Name, Phone, and Relationship to Client

Your answer

Is the client actively expressing suicidal/homicidal ideation? *

Yes

No

Is this referral from a residential substance abuse treatment program?

Yes

No

Is this referral for a client needing the behavioral health crisis support unit?

Yes

No

Must have at least one in EACH category below (Residential and Clinical)

Current Residential Status - at least one: *

- Living on the street/place not meant for habitation
- Emergency Shelter
- Transitional housing program for individuals experiencing homelessness
- Exiting a healthcare 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
- In a congregate living situation with no way to self-isolate (+ not homeless)
- Extremely overcrowded living situation (3+ people over age 12 per bedroom - exceptional health risk present)
- Extremely overcrowded living situation (4+ people over age 12 per bedroom)

Current Clinical Status *

NOTE: Individuals from extremely overcrowded living situations must have a confirmed Positive COVID-19 test. Individuals must meet the HUD definition of homelessness to qualify for Operation Comfort if any of the other categories

- Positive COVID-19 test
- Recent contact with someone who has verified positive COVID-19 test
- Suspected case based on pending test result (awaiting lab confirmation)
- Suspected case based on symptoms (fever, cough, or shortness of breath)

Back

Next

Page 2 of 3