

**PATIENT AGREEMENT TO DHS SHELTER DISCHARGE
FOR DHS SINGLE ADULT SHELTERS AND
STREET SOLUTIONS FACILITIES**

New Referrals ONLY

Healthcare Facility Name: _____

Patient's Name: _____

Name of Social Worker on the Case: _____

I, _____ agree to be discharged to a DHS shelter
(*name of patient*)
or Safe Haven. It has been explained that there is no other option for discharge at this time, or
I have rejected, when offered, the following placements:

I understand that most shelters and Safe Havens do not have on-site medical care and have
no 24-hour nursing care. I understand that I will have to be independent in all of my activities of
daily living.

I also understand that I may access the DHS shelter system without releasing my medical
information. I have a right to a signed copy of this form.

Hospital Representative Signature

Date

Patient Signature

Date