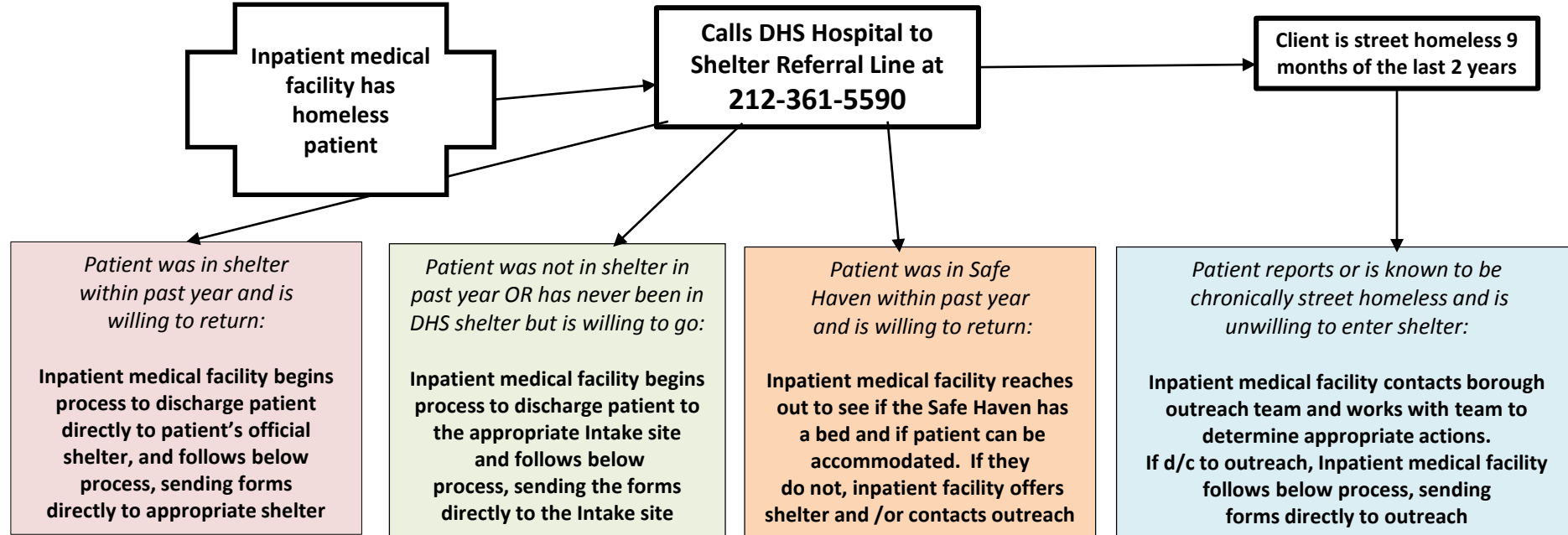


# REFERRAL AND DISCHARGE OF HOMELESS INDIVIDUALS TO DHS



## SHELTER AND OUTREACH REFERRAL FORM SUBMISSION PROCESS

Forms are faxed at least 24 Hours before patient discharged from inpatient medical facility

Form 1– Screening  
Form 2– Discharge Planning  
Form 3 – Shelter/Outreach Referral

Faxed the day the patient is discharged from the inpatient medical facility

Form 4– Day of Discharge

Submitted to the DHS Office of the Agency Medical Director, if requested

Form 5 – Post-Discharge Review