



MEDICAL RESPITE REFERRAL FORM

Fax: 804-451-5990 Phone: 804-494-3110

DATE: _____

Thank you for your partnership with Daily Planet Health Services. Please fax this referral form to the number above. Your referral will be acknowledged upon receipt. Please allow 1 business day for the referral to be reviewed. Admissions are accepted between 8:00 AM and 2:30 PM, Monday through Friday. Email Respite Clinical Supervisor, Sharnette Liggans sliggans@dailyplanetva.org with further questions.

Client Name: _____ DOB: _____ SSN: _____

EXCLUSION CRITERIA – all answers must be No to be accepted

Yes / No

- ☐ ☐ Registered Sex Offender
- ☐ ☐ Recent history of violent behavior
- ☐ ☐ Displays suicidal or homicidal ideations; or shows gross disorientation
- ☐ ☐ Requires 24 hours supervision/moderate or complete assistance with Activities of Daily Living

ADMISSION CRITERIA - all answers must be Yes to be accepted

Yes / No

- ☐ ☐ Homelessness
- ☐ ☐ Requires minimal to no assistance with Activities of Daily Living
- ☐ ☐ Medically and psychiatrically stable as verified by hospital documentation
- ☐ ☐ Free of communicable disease at time of admission
- ☐ ☐ Willing to participate with Medical Respite staff in recuperation planning

ADDITIONAL INFORMATION

Primary DX (ACUTE) _____ Secondary DX _____

Hospital Admit Date: _____ Anticipated Hospital Discharge Date: _____

REFERRAL SOURCE CONTACT INFORMATION

☐ VCUHS _____ ☐ Bon Secours (Specify facility) _____



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COMMUNITY MEDICAL RESPITE PROGRAM INFORMATION & EXPECTATIONS

Daily Planet Health Services (DPHS) Medical Respite is a short-term recuperative care program for homeless adults with medical or behavioral health conditions requiring recuperative care for up to 30 days. The program serves up to 10 individuals at a time with two-three (2-3) clients per room. The program is co-located with DPHS Southside Health Center (SHC) alongside our primary care, psychiatry, and dental practices. During your stay, you will be seen by a medical provider and a case manager. You will be encouraged to participate in behavioral health group, recovery group, and health education classes. Psychiatry, individual behavioral health therapy, dental, and Peer Recovery Support services are also available by request. You are encouraged to accept DPHS as your medical home after discharge.

The DPHS medical provider and case manager will work with you to develop a plan of care during your stay. This plan will include resolving barriers to housing placement. You will be provided three meals daily. A core value at DPHS is respect – all staff and clients at Medical Respite are expected to behave in a way that is respectful to one another.

SIGNING IN/OUT

Most clients are able to come and go during the daytime hours so long as their provider feels it's safe for them to leave, and they sign in and out each time. All clients are to be in the facility by 5:30 PM.

MEDICATIONS

For everyone's safety, all medications are kept in a secure location during your stay. In order to assist in your recuperation, medical providers write care orders and staff will assist you when taking medications.

SMOKING

Medical Respite is a **Smoke Free** program. Smoking is not allowed inside the facility. There is a designated smoking area outside and help with smoking cessation will be offered during your stay.

SUBSTANCE USE

Medical Respite is a **Drug and Alcohol-Free** program. For everyone's safety, bringing alcohol, illegal drugs or drug paraphernalia onto the property, including prescribed medications that are not reported or turned into Respite staff, is cause for immediate dismissal. Belongings are searched upon admission and subject to search throughout your stay. You may be asked to take drug and/or alcohol screening tests during your stay.

PATIENT BELONGINGS

Medical Respite is a **Weapons Free** program. No firearms are allowed on site. All belongings are searched and disinfected upon arrival. Potentially harmful belonging (such as pocket knives) are secured in a locked area during your stay, they will be returned to you upon discharge. No open flames of any kind are allowed inside the building. During your stay, you are responsible for securing your valuables. **If you have an automobile**, you must show your license and insurance to park in the Medical Respite parking lot. You may only drive once medically cleared to do so safely.

A complete set of guidelines are within the Client Handbook, including rights and responsibilities, and will be provided upon admission. Please sign below to indicate that you have reviewed these expectations.

Patient/Client Signature

Patient/Client Printed Name

Date