



## COVID-19 Respite Shelter Referral Form

### Basic Program Information

The Washington County Respite Shelter is an isolation/quarantine environment for individuals residing in Washington County who are unhoused or live in a congregate setting where they cannot safely isolate or quarantine. Guests must be able to maintain activities of daily living (i.e. showering, toileting, collecting their garbage in the receptacles provided). This Respite Shelter is not a medical facility, does not have medical staff onsite and cannot support individuals who need medical care or assistance. This site does us unable to provide support to individuals who are dependent on alcohol or other substances who have the possibility of acute withdrawal.

### Referral Process

Please read the following instructions carefully.

- Referrals are accepted between 9am and 7pm, 7 days a week. Guests must arrive at the shelter no later than 8pm.
- To make a referral: **Monday-Friday 9am-5pm**
  - Complete all sections of this form and email to: [jporter@greatergoodnw.org](mailto:jporter@greatergoodnw.org) CC: [rrh@greatergoodnw.org](mailto:rrh@greatergoodnw.org)
  - Call Intake Phone at 503-545-7188 to confirm receipt and provide warm hand off.
- To make a referral **Monday-Friday 5pm-7pm:**
  - Call the front desk at 503-747-4553. You will be provided an email for the lead of the day to send referral form to.
- To make a referral **Saturday or Sunday 9am-7pm**
  - Call the front desk at 503-747-4553. You will be provided an email for the lead of the day to send referral form to.
- Ensure you have received confirmation by email or phone that referral has been received and staff are prepared for intake prior to sending guest to the respite shelter.
- Call client to confirm eta at the shelter or set up transportation. Provide shelter an approximate arrival time.
- The shelter only accepts new referrals from 9am-7pm. If you have a referral after hours, consider completing this form to confirm eligibility and calling/emailing in referral after 9am the following day. Make sure you have a way to contact the client the following day to confirm acceptance at the shelter and discuss transportation.

**A. Referring Provider/Person Completing this form:**

Referring contact name: \_\_\_\_\_ Referring contact phone: \_\_\_\_\_  
Referring agency: \_\_\_\_\_ Referring contact email: \_\_\_\_\_

**B. Guest information:**

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address if known or county of residence: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary language: \_\_\_\_\_ *\*(The shelter staff will use interpretation services as needed)*

**C. Eligibility:**

**1. Has the individual tested positive for COVID-19?**

Yes  No

If Yes:

- **Date of test:** \_\_\_\_\_
- **Type of test:**  Provider/clinic  Home test/store bought
- **Location of test, if not home test:** \_\_\_\_\_

**2. Have they been exposed to COVID-19 or told by a health provider or public health to quarantine?**

Yes  No

**3. If they have not tested, are they currently sick with COVID like symptoms after being around someone with COVID-19?**

Yes  No

If yes:

- **What day did they start becoming sick? Date:** \_\_\_\_\_
- **What symptoms are they having? (List symptoms):** \_\_\_\_\_

**If answered no to question 1-3, individual is not eligible for the respite shelter.**

Unfortunately, this individual does not qualify for shelter at this location due to eligibility requirements. Beds at this location are limited and are reserved for persons that were exposed to COVID-19 or currently ill with the virus. For additional shelter resources, please contact 211 or Community Connect: (503) 640-3263.

**If Yes to questions 1, 2 or 3 continue to next section:**

**4. Is the individual unhoused or living in a congregate setting (residential facility or shelter) where they cannot physically stay apart from others?**

Yes  No

**5. Do they have any place that would be safe for them to stay where they are able to stay physically apart from other people?**

Yes  No

**6. Are they a resident of Washington County or currently residing in Washington County?**

Yes  No

**7. The respite shelter requires that guests stay in their room except for daily outdoor breaks and wear a mask when outdoors. Is this something they will be willing and able to agree too?**

Yes  No

**8. Have they recently been hospitalized and still need oxygen?**

Yes       No

Notes: (name of hospital) \_\_\_\_\_

9. **Is the individual needing daily medical care or assistance?**

Yes       No

10. **Is the individual able to care for themselves, including toileting, showering, and feeding?**

Yes       No

11. **Is the individual able to climb stairs or walk by themselves?**

Yes       No

*(The respite shelter does not currently have any ADA rooms. Guests must be able to step up a threshold to enter rooms)*

Notes: \_\_\_\_\_

12. **Could the individual have withdrawal symptoms if they do not have access to the following?**

Cigarettes/nicotine       Alcohol       Prescription drugs

Any drug or substance not prescribed by a health provider taken regularly by Injecting snorting, inhaling or by mouth

None of the above

Notes: (Type of substances/ frequency of alcohol/drug use): \_\_\_\_\_

13. **Have they received either two doses of the Moderna or Pfizer vaccines or one dose of the Johnson and Johnson vaccines?**

Yes       No

#### **D. Eligibility Review** (check all that apply)

Not unhoused or living in a congregate setting, or has a safe option for alternative housing to isolate or quarantine

Not a resident of or currently residing in Washington County

Reports being unable to comply with staying in room and/or wearing mask when outside

Needs daily medical care or uses oxygen

Needs assistance with care/activities of daily living or mobility

Reports daily alcohol or substance use/strong concern for acute withdrawal

Exposed to COVID-19 and reports being fully vaccinated

**If any boxes checked in section D above, client is not eligible for the respite shelter:**

Unfortunately, this individual does not qualify for this location due to eligibility requirements. This location does not offer any medical services to monitor client's health. This location is reserved for individuals who are unhoused, live in a congregate setting, and do not have an alternate safe option to isolate or quarantine. Fully vaccinated people do not need to quarantine after exposure but should still monitor for symptoms and seek testing if they begin to feel sick.

**If eligible, continue to next section:**

**E. Additional Questions.** Please gather the following information to assist shelter staff to support guests during their stay.

1. **Is the individual going to the shelter alone?**

Yes       No

If no, collect:

- Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- DOB: \_\_\_\_\_
- Relationship to primary intake: \_\_\_\_\_

**2. Are they taking medications?**

Yes       No

- If individual needs medications, they should arrive with a 14-day supply. If they need over the counter medications (pain relievers, allergy medications, vitamins, etc.), they should also have a 14-day supply.
- A case worker or provider can do a medication delivery to the shelter, if needed. Shelter staff cannot pick up prescriptions or medications.

**3. Do they have a primary care provider, other healthcare provider or clinic that they regularly receive care from?**

Yes       No

If yes,

Name of provider/clinic: \_\_\_\_\_  
Provider/clinic phone: \_\_\_\_\_

**4. Are they currently receiving any drug or alcohol treatment?**

Yes       No

If yes:

Treatment type: \_\_\_\_\_  
Provider/agency name: \_\_\_\_\_  
Provider/agency phone: \_\_\_\_\_

**5. Do they have a mental health provider that they see regularly?**

Yes       No

If yes,

Provider/clinic name: \_\_\_\_\_  
Provider/clinic number: \_\_\_\_\_

**6. Hospital preference: \_\_\_\_\_**

**7. Type of insurance: \_\_\_\_\_**

**8. Do any of the following apply all or some of the time:**

- Individual is deaf, hearing impaired, or has difficulty hearing what people are saying
- Individual is blind or visually impaired
- Individual has difficulty understanding what is being said to them

Notes: \_\_\_\_\_

**9. Do they have any daily routines that would prohibit them from answering a phone call or a knock at the door while at the shelter, such as the use of sleep aids?**

Yes       No

Notes: \_\_\_\_\_

10. **Do they have any current medical conditions that would be important for the shelter to know about?**

Yes       No

Notes: \_\_\_\_\_

11. **Do they have a service animal?**

Yes       No

If yes, please advise they bring enough food and supplies for their service animal as well.

12. **Do they have any pets that are not a service animal?**

Yes       No

If yes, they can ask friends or family if the pet can stay with them. If no pet accommodations, Animal Services will hold their pets while they are at the respite shelter.

13. **Does the shelter need to coordinate with animal services?**

Yes       No

14. **Does the individual have transportation via a private vehicle to the shelter at 622 SE 10th Ave, Hillsboro?**

Yes       No

If no, please arrange medical transportation. Avoid using taxis or rideshare services. Guests should arrive at the shelter before 8pm.

#### **F. Additional Notes Pertinent to Shelter Staff:**

#### **G. Review the following information with guest:**

- Respite Shelter address is 622 SE 10<sup>th</sup> Ave, Hillsboro, OR 97123
  - Please ensure guest is able to transport themselves via private vehicle or arrange for medical transportation. Avoid use of taxis or rideshares services.
- This is an isolation environment. Guests will be isolated to their hotel room through their isolation or quarantine period. Shelter staff will coordinate a few fresh air breaks per day and escort guest to reduce person to person contact.
- No visitors are allowed.
- Guests will receive three meals a day delivered to their room.
- Guests **must** be able to independently maintain daily living activities.
- This is not a medical facility. The shelter staff can do basic wellness checks but cannot support high acuity health needs.
- There is limited behavioral health support on site. The shelter staff cannot support individuals who are dependent on alcohol or other substances who have the possibility of acute withdrawal.
- Use of tobacco products is not permitted. Shelter staff can provide nicotine patches or gum to support guests through their stay.
- If the guest needs prescription or over the counter medications, they should arrive with a 14-day supply.
- The shelter is unable to hold any personal belongings past the individuals' stay.

- Pets are not allowed. Encourage guest to have a friend or family member watch the pet. If not, Animal Services will hold their pets while they are at the shelter. The shelter staff can take care of the process of contacting the Animal Shelter to retrieve the pet. This does not apply to service animals.