* **Gather name of individual and DOB.**
* **Was this person admitted involuntarily?**
* **Is the individual currently inpatient at the hospital?**
* **When were they admitted?**
* **When is the estimated discharge date?**
* **Is this person restricted from the shelter?**
* **Has the individual been tested for COVID-19?**

**Who is Calling?**

**Gather name of caller/email/phone/hospital name/location**

**Who are they calling about?**

Is the individual able to ambulate and complete ADL’s and meet the physical requirements of the shelter?

**Refer Caller to Online Housing Tool for Discharge Staff.**

**No**

**Yes**

Does the individual have adequate outpatient support / an aftercare plan in place?

**Refer Caller to Online Housing Tool for Discharge Staff.**

**No**

**Yes**

Does the individual require medication management services through a VNA or home health aide?

**Refer Caller to Online Housing Tool for Discharge Staff.**

**Yes**

**No**

Does the individual require a feeding tube of any kind for daily nutrition? Or a private area to administer nutrition?

**Refer Caller to Online Housing Tool for Discharge Staff.**

**Yes**

**No**

Does the individual have any open wounds that require wound care?

***-Discuss possible diversion options.***

***-Check HMIS/Warehouse.***

***-Confirm community of origin***

***-If the community of origin is in a different area, confirm hospital staff has contacted shelters in or near the area.***

**Refer Caller to Online Housing Tool for Discharge Staff.**

**Yescc**

**No**

Where was the individual staying before they were hospitalized? Are there alternatives to shelter?

**Request Call to Proceed with Identified Housing Alternative.**

**Yescc**

**No**

Discuss any shelter restrictions.

Is the individual eligible for admittance to the shelter program?

**Refer Caller to Online Housing Tool for Discharge Staff.**

**Yes**

**No**

If no alternatives to the shelter are available and the individual is deemed appropriate for shelter discharge, discuss scheduling discharge to shelter.

***-Agree upon time/date of patient discharge.***

***-Ensure healthcare provider understands their responsibilities*.**