



WHOLE PERSON CARE REFERRAL FORM
Phone: (831)755-4630 FAX REFERRAL TO: (831)796-8511



REFERRED BY:

Name: _____ **Agency:** _____
Date: _____ **Phone:** _____ **Fax:** _____

Internal Use Only:

MRN#: _____
Date: _____

"I, _____ (name), have been told about the Whole Person Care program by _____ (referring person or entity) and would like to receive more information from the Whole Person Care program."

CLIENT INFORMATION:

First Name: _____ **Middle:** _____
Last: _____
Preferred Name: _____
Address: _____
City: _____ **Phone:** _____
E-mail Address: _____
Or please provide best location to reach client: _____
Preferred Language: _____ **Has Client Been Informed of Referral?** Yes No

Following are the criteria on which we will determine the client's eligibility

Homeless

- Living in a place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground), or
- Publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations, or
- Discharged from an institution where he/she has been a resident for 90 days or less and the person resided in a shelter (not transitional housing) or a place not meant for human habitation immediately prior to entering that institution, or
- Has certified she/he or the family is fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions related to violence, that she/he or the family has no other residence, and lacks the resources and support networks needed to obtain housing.¹

AND

- Is a Medi-Cal beneficiary or Medi-Cal eligible

AND Meets 2 or more of the characteristics listed below:

- Diagnosed Mental Illness
- Two (2) or more Mental Health Unit admissions within prior 12 months
- Diagnosed Substance Abuse Disorder
- Two (2) or more chronic health diagnoses
- One (1) or more hospital admissions within prior 12 months
- Two (2) or more emergency department visits within prior 12 months
- Two (2) or more prescribed medications for treatment of mental or behavioral health diagnosis, diabetes, hypertension, high cholesterol, heart disease, lung disease, seizures

¹National Alliance to End Homelessness. Changes in the HUD Definition of "Homelessness." Retrieved 4/28/2017. <http://www.endhomelessness.org/library/entry/changes-in-the-hud-definition-of-homeless>.

Internal Use Only:

Medi-Cal Eligible Yes No Homeless Eligible Yes No Health Eligible Yes No

Name: _____ **Signature:** _____ **Date:** _____