VULNERABLE PERSONS HOTEL (VPH) PROGRAM

GUEST REFERRAL FORM

This form is used to submit guest referrals to the VPH Program. Responses to the questions will determine eligibility for the program, as well as the priority point value of each referral, when a waitlist exists.

This form will be shared with Dane County Department of Human Services, as well as Focus Counseling, Inc. Service Providers are to confirm they have received consent from the individual being referred, to share their information (including regarding health conditions) with both agencies.

NOTE: This form is for single individuals (or adult couples) ONLY—families should go through a separate referral process, found at https://www.danecountyhomeless.org/families. Information for requesting services for families can be viewed there.

Please complete the information requested, remembering that complete information will assist in determining a client's eligibility for the program and the point value associated with their level of need.

Once complete, please submit this form by emailing it to VPHReferral@focuscsrt.com . You can also follow up at that email address with any questions about the Vulnerable Persons Hotel Program and the status of your client's referral.

You can also call the Focus Counseling, Inc. office at 608-405-2055 to check on the status of your client's referral. For fastest results, please select the Option 1 to speak with administrative staff handling the VPH Referral process.

Referral Source / Service Provider Info:		Date:	
Provider Name:		Agency:	
Email Address:		Phone #:	

Client Referral Info:			
Client Name:		Birthdate:	
HMIS # if known:		Phone:	
Email Address:		Check one:	☐ Single ☐ Partnered
Partner Name:		*Relationship:*	
			(e.g. spouse, significant other, adult child, etc.)
Living Situation	☐ Sheltered	☐ Unsheltered	
Describe:			
(e.g. list shelter by name, staying with friends/family, etc.)		(e.g. street, vehicle, tent, abandoned building, etc.)	

Pregnant?	☐ Yes ☐ No	*Due Date:*			
Over age 65?	☐ Yes ☐ No	Disabled?	☐ Yes	☐ No	
Gender:	☐ Male ☐ Female ☐ Prefer not to say				
Other (explain):					

Race (select all that apply):	☐ Black/African American	
☐ White	☐ Asian	☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander	☐ Other Race	

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Ethnicity:	☐ Hispanic/Latino ☐ Non-Hispanic/Latino		
	☐ Unknown ☐ Prefer not to say		
Smoker?	☐ Yes ☐ No	Substance Use Disorder?	☐ Yes ☐ No
Needs Wheelchair Accessible Unit?	☐ Yes ☐ No		
Has Service or Emotional Support Animal?	☐ Yes ☐ No		

VPH Eligible Medical Conditions:

☐ Cancer
☐ Chronic Kidney Disease
☐ Chronic Lung Disease (COPD, moderate to severe)
☐ HIV Infection
☐ Overweight / Obesity
☐ Stroke
☐ Dementia
☐ Diabetes Type 1 or 2
☐ Down Syndrome
☐ Liver Disease
☐ Sickle Cell Disease
☐ Solid Organ/Blood Transplant
☐ Heart Conditions (heart failure, coronary artery disease, cardiomyopathies, hypertension)
☐ Immunocompromised State (go to https://www.niaid.hih.gov/diseases-conditions/types-pidds for more information)

Conditions Identified by:	☐ Verbal Communication with medical provider	☐ Medical Records
Could not be verified (explain):		

Has client been hospitalized for any of the VPH eligible medical conditions or pregnancy complications in the last 90 days? (Hospitalization means an inpatient admission).

☐ Yes ☐ No	List:	

Notes on Referral/Extenuating Circumstances: Please include any additional information that will help in understanding the individual's circumstances that relate to the identified medical conditions or other criteria.

Statement: By submitting this form, I verify that the information provided is true to the best of my knowledge through interviews with the client listed and/or their advocates and medical providers. I also confirm that I have informed the client listed of this referral to the Vulnerable Persons Hotel (VPH) Program and the sharing of their information with Dane County Department of Human Services and Focus Counseling, Inc. staff.

Signature:	

Name typed above serves as my electronic signature on this form.