Referral Form
Email Referral to: referrals@westside-health.org and westley.rutter@ucsf.edu

ELIGIBILITY

Justice involved, dual-diagnosis adults experiencing homelessness. To enter the program the guest must:
- Not have an infection requiring isolation (Active TB or COVID-19). Negative Tests prior to entry.
- Be physically independent of self-care and can walk up a flight of stairs
- Understand and able to follow rules the personal property rule (2 bags) and no visitor policy
- Be able and agree to the behavioral guidelines

GUEST INFORMATION

Name _____   **Date of Birth** _____

Phone _____   **SF#** (if applicable) _____

Address _____

Language:_____

Gender:
☐ Male
☐ Female
☐ Trans/GNC

Income:
☐ SSI ☐ Full time employment
☐ Part Time Employment
☐ Other ☐ GA
☐ None

Race/ethnicity:
_____

Neg. COVID Tested (If Yes, Test Date)
☐ No Test
☐ Negative Test: _____

Neg. TB Tested (If Yes, Test Date)
☐ No Test
☐ Negative Test: _____

Is the guest on Probation or Parole? (If Yes, Please Specify)
☐ San Francisco Adult Probation
☐ Federal Probation

☐ State Parole
☐ None
☐ Other (Location): _____

If Applicable, Next Court Date   **If Applicable, TX Date**

Additional Legal Information Relevant to Placement (Ex: Supervision conditions, Pretrial etc.)

Behavioral Health/Medical/Substance Use:

Any current mental health provider? ☐ Yes ☐ No, if Yes, please list: _____

_____

Known mental health diagnoses? _____

Any history of violence or self-harm: ☐ Yes ☐ No, if Yes, please provide details:_____

_____

Medications currently prescribed: _____

Any medical diagnoses? ☐ Yes ☐ No if Yes, please list: _____

_____

Current primary care provider: _____

Insurance: _____

Substances used: _____

Date of last use and route: _____

History of SUD treatment: _____

_____

REFERRAL PARTNER INFORMATION	
Name _____	**Referral Date** _____
Phone _____	**Email** _____
Agency	
Additional Information Relevant to Placement (Language, accessibility, medical/mental health/behavioral health considerations such as prescriptions etc.)	