

State and Regional Medical Needs Shelter Plan

Form 6 - State Medical Needs Shelter Intake Assessment Form

Date: _____ Time: _____ Shelter Location: _____

Potential Residents Name: _____ Age: _____

Ambulatory/Non-ambulatory (circle one)

Do you have family members or a caregiver with you? Yes/No

Major Medical Conditions: _____

Current Mental Status: Alert ☐ Oriented ☐ Confused ☐ Combative ☐

Other _____

Check only one of the following categories (A, B, C). Within the chosen category, check conditions that apply to potential resident but remember these are only examples and you must use your professional judgment.

[] A Individuals Requiring Hospitalization:

Require life support services such as ventilator care, peritoneal dialysis, hemodialysis, hyperalimentation, and hospital bed/total care;

Require continuous IV therapy (pain control or hydration) or chemotherapy;

Oxygen dependent (*depending on the resources of the shelter);

Must have access to a constant power source for suction pumps or any other bio-medical equipment usage;

Pregnant women who are experiencing contractions or who are high risk;

Report chest pain or have experienced chest pain in the last 24 hours;

Communicable diseases which require isolation;

Individuals who are a danger to themselves or others;

End-stage, unstable Do Not Resuscitate (DNR) residents; and

Other people experiencing acute medical emergencies or requiring the intensity of services provided at a hospital or skilled nursing facility such as complex sterile dressing changes or other medically complex needs.

[] B Individuals Appropriate for Medical Needs Shelter:

Health or medical conditions that require professional observation, assessment, and maintenance that cannot be served by the general population shelter or that exceed the capability of the general population shelter but that do not require hospitalization;

Chronic conditions who require assistance with activities of daily living or more skilled nursing care but do not require hospitalization;

Physical or cognitive disabilities who require essential functional needs accommodations;

Other disabilities or conditions that cannot be sheltered at a general population shelter;

Vulnerable or at risk, including the frail elderly, in a general population shelter.

Other: _____

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[] C Individuals Appropriate for General Population Shelters:

Persons with epilepsy (if controlled);

Persons with mild muscular dystrophy;

Persons with diabetes who are stable;

Persons with hemophilia;

Persons with prosthesis or orthotic devices;

Persons who are vision or hearing impaired;

Persons with disabilities who do not require assistance with activities of daily living or have any immediate medical needs;

Asthmatics who have their own medication;

Persons with speech impediments; and

Persons with language/cultural barriers.

Admission to shelter: Yes/No

If no, indicate disposition: ☐ Hospital: _____

☐ General Population Shelter: _____

☐ Other: _____

SMNS Intake Staff Signature: _____