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| C:\Users\e620295\AppData\Local\Microsoft\Windows\INetCache\Content.Word\LACDMH_seal_across_color_2400x_PNG.png | | | | | | | | | | | | | | | | | | | **COUNTYWIDE**  **HOME TEAM REFERRAL**  [**HOME@DMH.LACOUNTY.GOV**](mailto:HOME@DMH.LACOUNTY.GOV) | | | | | | | | | | | | | | |
| **\*IF THIS IS A CRISIS PLEASE CALL ACCESS (800) 854-7771 OR 911\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR GRAVELY DISABLED INDIVIDUALS OR GRAVELY DISABLED ADJACENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| **Date:** |  | | | | | | | | | | | | | | | | | | | | | **Service Area:** | | | | | |  | | | | | |
| **Referred By:** | | | | | |  | | | | | | | | | | | | | | | | **Phone #:** | | | | | |  | | | | | |
|  | | | | | | Name & Agency | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | |
| **Individual’s Full Name or AKA:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **DOB:** |  | | | | | | | | | **Age:** | |  | | | **SSN:** |  | | | | | | | | **Gender:** | | | | Male  Female  Other | | | | | |
| **Primary Language:** | | | | | | | |  | | | | | | | | | | | | | **Race/Ethnicity:** | | | | | | |  | | | | | |
| **Physical Description:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |
|  | | | Street names or landmarks | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | |
| **IBHIS #:** | |  | | | | | | | | | **Currently/Previously enrolled in MHS at:** | | | | | | | | |  | | | | | | | | | | | | | |
| **HMIS #:** | |  | | | | | | | | | **Score:** | |  | | | **Date Completed:** | | | |  | | | | | **Completed by:** | | | |  | | | | |
| **Emergency Contact / Someone who knows client:** | | | | | | | | | | | | | | | | |  | | | | | | | |  |  | | | |  |  | | |
|  | | | | | | | | | | | | | | | | | Name | | | | | | | | | Relationship | | | | | Phone | | |
| **Benefits:** | | | Insurance: | | | | | |  | | | | | | | | | | | | | | Income: | | | | |  | | | | | |
| **Risk Factors:** | | | | | Severe Mental Illness | | | | | | | | | Frequent 911 | | | | Risk of Dying | | | | | Movement Difficulties | | | | | | | Veteran | | | |
|  | | | | | Impaired Judgment | | | | | | | | | Self-Neglect | | | | Chronic Physical Health | | | | | Person is Being Taken Advantage Of | | | | | | | Substance Abuse | | | |
|  | | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | | | | | |
|  | | | | * Is this person’s safety in danger as a result of their inability to provide their own food, shelter, or clothing? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | * Is the person able to obtain food on their own without assistance? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | * Is the person able to change soiled clothing without assistance? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | * Is there any known substance abuse? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Describe other pertinent history of medical problems, mental illness, arrests/incarcerations, self-harm/violent behaviors:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe interventions, services, referrals & attempts your team has done:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred Outcomes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Issues:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Page 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| **TO BE COMPLETED BY HOME STAFF WITH REFERRING PARTY** | | | | | | | | | | |
| **Client Observations: (Please check all that apply)** | | | | | | | | | | |
| Orientation: | | Oriented to: | Person | Place | | | Situation | | Time | |
| Delusions: | | Paranoid | Grandiose | Nihilistic | | | Religious | | Being controlled | |
|  | | Somatic | Persecutory |  | | |  | |  | |
| Grooming & Hygiene: | | Average | Dirty | Disheveled | | | Odorous | | Well Groomed | |
| Behavioral Disturbances: | | Aggressive | Antisocial | Belligerent | | | Demanding | | Demeaning | |
|  | | Destructive | Manipulative | Self-Destructive | | | Excessive/Inappropriate Display of Anger | | | |
|  | | Uncooperative | Violent | Nudity | | | Poor Impulse Control | | | |
| Suicidal/Homicidal: | | Denies | Ideation Only | Past Attempts | | | Plan | | Threatening | |
| Hallucinations: | | Auditory | Command | Olfactory | | | Persecutory | | Tactile | |
|  | | Visual | Other |  | | |  | |  | |
|  | |  |  |  | | |  | |  | |
| **HOME TEAM CONTACT NUMBERS BY SERVICE AREA** | | | | | | | | | | |
| **SERVICE AREA** | | | | | **CONTACT #** | | | | | |
| SA 1 | | | | | (661) 223-3831 | | | | | |
| SA 2 | | | | | (818) 610-6726 | | | | | |
| SA 3 | | | | | (626) 430-2908 | | | | | |
| SA 3 | | | | | (626) 430-2954 | | | | | |
| SA 4 METRO | | | | | (213) 922-8142 | | | | | |
| SA 4 SKID ROW & HOLLYWOOD | | | | | (213) 633-2900 | | | | | |
| SA 5 | | | | | (310) 482-6600 | | | | | |
| SA 6 | | | | | (310) 668-3480 | | | | | |
| SA 7 | | | | | (213) 739-2381 | | | | | |
| SA 7 | | | | | (626) 430-2954 | | | | | |
| SA 8 | | | | | (562) 256-1274 | | | | | |
|  | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| **Assigned To:** |  | | | | | **Date Assigned:** | |  | | |
|  | | | | | | | |  | | |
| **If not accepted by HOME team, redirected to:** | | | | | | | | | | |
|  | | | | | | | | | | |
| Page 2 | | | | | | | | | | Rev: 08/19/20 |

**COUNTYWIDE**

**HOME TEAM REFERRAL**

**HOME@DMH.LACOUNTY.GOV**

