|  |  |
| --- | --- |
| 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** |
| **\*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:** |
|  |
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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:** |
|  |
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**COUNTYWIDE**

**HOME TEAM REFERRAL**

**HOME@DMH.LACOUNTY.GOV**

