LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

HOME TEAM

Homeless Outreach Mobile Engagement

REFERRAL FORM

HOME provides outreach, engagement, and street treatment to people experiencing homelessness who present as **gravely disabled**. Such people are unable to access or use food, clothing, and/or shelter due to mental illness.

FOR REFERRAL SUBMISSION INSTRUCTIONS SEE
https://dmh.lacounty.gov/our-services/countywide-services/home/

Please include all information requested below. Incomplete referrals will delay processing.
Submission of referral does not guarantee acceptance of case.

REFERRAL SOURCE INFORMATION

TODAY'S DATE: _____ AGENCY/ORGANIZATION/PROGRAM*: _____

CONTACT PERSON: _____ RELATIONSHIP WITH CLIENT: _____

PHONE NUMBER: _____ EMAIL: _____

***Inpatient psychiatric facilities must complete "INPATIENT REFERRAL INFORMATION" section of form.**

CLIENT INFORMATION

FULL NAME AND/OR AKA: _____

DOB: _____ SSN: _____ GENDER: _____

RACE/ETHNICITY: _____ LANGUAGES SPOKEN: _____

PHYSICAL DESCRIPTION: _____
(To aid in identification)

LOCATION: _____
(Streets and/or nearby landmarks where person can be found)

CITY: _____ ZIP CODE: _____ PHONE: _____

HMIS #: _____ IBHIS #: _____ ORCHID MRN: _____

COLLATERAL CONTACT INFORMATION

NAME: _____ PHONE: _____

RELATIONSHIP: _____

SERVICE HISTORY

DESCRIBE CURRENT AND PAST SERVICES PROVIDED TO CLIENT:

DESCRIBE BARRIERS TO PLACEMENT IN APPROPRIATE SHELTER/HOUSING/TREATMENT SETTING:

PREVIOUSLY REFERRED TO: ☐ LA-HOP ☐ FSP ☐ AOT ☐ LPS CONSERVATORSHIP

FOCAL POPULATION CRITERIA

Must be unsheltered homeless, gravely disabled, and not currently engaged in adequate mental health treatment

IS CLIENT CURRENTLY EXPERIENCING UNSHELTERED HOMELESSNESS?	☐ YES	☐ NO
IS CLIENT CURRENTLY ENGAGING IN MENTAL HEALTH TREATMENT?	☐ YES	☐ NO

MENTAL HEALTH CONDITIONS: _____

PHYSICAL HEALTH CONDITIONS: _____

SUBSTANCE USE: _____

DESCRIBE HOW CLIENT'S MENTAL ILLNESS IMPACTS EACH OF THE FOLLOWING:

SECURING/ACCEPTING/CONSUMING FOOD AND WATER:

SECURING/ACCEPTING/UTILIZING APPROPRIATE CLOTHING:

SECURING/ACCEPTING/UTILIZING SHELTER:

ACCESSING APPROPRIATE PHYSICAL HEALTH CARE

INPATIENT REFERRAL INFORMATION

Referrals from inpatient psychiatric facilities can only be accepted when the following criteria are met.
HOME is unlikely to be able to visit during client's inpatient stay.
Please include a photo of client to aid in identification on street.

ON 5250 HOLD OR 5270 HOLD?	☐ YES	☐ NO
ON STABLE & EFFECTIVE PSYCHOTROPIC MEDICATION REGIMEN?	☐ YES	☐ NO
REFUSING ALL OTHER DISCHARGE PLANS FOR PLACEMENT?	☐ YES	☐ NO