

## Shelter Referral Log Instructions

Complete the *Shelter Referral Log* when clients have health, mental health, spiritual care, access, and functional needs, or other needs requiring support from Disaster Health Services, Disaster Mental Health, Disaster Spiritual Care, or the shelter manager if those functions are not represented in the shelter at the time the client is being registered. The log does not have to be used if needs are met immediately or the client is transitioned to the other function right away.

This job tool should be used in conjunction with the following doctrine:

- Sheltering Standards and Procedures
- Job Tool: Operating a Shelter
- Job Tool: Shelter Dormitory Registration Form

### **Follow the steps below to use this tool:**

1. Prepare the *Shelter Referral Log*:
  - a. Enter the first date the form was used.
  - b. Consult with the shelter manager if necessary to identify the “DR Number” and the “Shelter Name/Location.”
  - c. Keep the form in a private location where clients and visitors cannot see it, such as in a file folder or a nearby drawer.
2. Make the two observations listed, and follow the instructions on the *Shelter Dormitory Registration Form*.
3. Ask the two questions listed, and follow the instructions on the *Shelter Dormitory Registration Form*.
4. Enter clients on the *Shelter Referral Log*, as needed.
  - a. Enter the date and time the client was registered and/or a need was identified.
  - b. Enter the name of the client requiring additional assistance.
  - c. Enter the current contact information for the client. For example: cell number, email address, or cot number (not all are required).
  - d. Enter a BRIEF list of what the client needs without breaking client confidentiality. For example: walker, medication, talk to someone. This field can be left blank.
  - e. Indicate to which group the client is being referred. Check all that apply.
  - f. Enter the page number and total number of pages at the bottom of each page. Use as many pages as needed.

# Shelter Referral Log

Date: \_\_\_\_\_ Incident/DR#: \_\_\_\_\_ Shelter Name/Location: \_\_\_\_\_

	Client Name	Client Contact Information	Client Need	Referral To:
<p>Use the Registration Referral Log <u>when the function needed by the client is not available at the time of registration.</u> If needs are met or transition to other function is immediate, do not make a log entry.</p>	<p>Enter the name of the client who has a health, mental health, spiritual care, or access and functional need.</p>	<p>Enter the current contact information for the client. For example: cell number, email address, OR cot number (not all forms of contact, just the one needed for response to this referral).</p>	<p>Enter a brief list of client need. For example: walker, medication, talk to someone.</p> <p>Respect client's privacy.</p> <p>This field can be left blank. Leave it blank if the need is wordy.</p>	<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Shelter Manager
				<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Shelter Manager
				<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Shelter Manager
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				<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Shelter Manager

Check all groups that apply to the client.

Use multiple pages if necessary. Indicate page number and total pages.

# Shelter Referral Log

Date: \_\_\_\_\_ Incident/DR#: \_\_\_\_\_ Shelter Name/Location: \_\_\_\_\_

Date & Time	Client Name	Client Contact Information	Client Need	Referral To
				<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Shelter Manager
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