



PROJECT VISION

SHELTER KAUHALE REFERRAL FORM

WINDWARD

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IWILEI

☐

PU'UHONUA
O NENE

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REFERRER INFORMATION

NAME/AGENCY		PHONE	
LOCATION		EMAIL	
FORM COMPLETED BY		PHONE	
		DATE	

REFEREE INFORMATION

NAME/AGENCY		PHONE	
LOCATION		EMAIL	
FORM COMPLETED BY		PHONE	
		DATE	

PARTICIPANT INFORMATION

LAST NAME		FIRST NAME AND MI							
DATE OF BIRTH		GENDER EXPRESSION	<table><tr><td>FEMALE</td><td></td><td>MALE</td><td></td><td>GENDER NON-CONFORMING</td><td></td></tr></table>	FEMALE		MALE		GENDER NON-CONFORMING	
FEMALE		MALE		GENDER NON-CONFORMING					
LEGAL STATUS		VETERAN	<table><tr><td>YES</td><td></td><td>NO</td><td></td></tr></table>	YES		NO			
YES		NO							
HEIGHT (ft. __ in. __)		WEIGHT (lbs.)							
GUARDIAN NAME		GUARDIAN RELATIONSHIP							
PARTICIPANT ADDRESS									
VEHICLE OWNER (IF YES PROVIDE MODEL)		PLATE NUMBER							
PHONE/TEL NUMBER		EMAIL							

DO YOU SMOKE?	YES		NO		WHAT KIND?	
TAKING ANY MEDS?	YES		NO		WHAT KIND?	

SERVICE REQUESTED						
REASON FOR REFERRAL						
PARTICIPANT AWARE OF REASON FOR REFERRAL?						
SERVICE / SPECIALTY REQUESTED						
OPEN FOR RELOCATION TO ANOTHER ISLAND	YES		NO			
INSURANCE	MEDQUEST		NO INSURANCE		OTHER SPECIFY	
ADDITIONAL COMMENTS						

CONSENT TO RELEASE INFORMATION Read with client / caregiver and answer any questions before obtaining signature					
<p>The signature below serves to authorize that the client understands that the purpose of the referral and disclosure of information to the agency listed above is to ensure the safety and continuity of care among service providers seeking to serve the client. The referring agency has clearly explained the procedure of the referral to the client and has listed the exact information that is to be disclosed. By signing this form, the client authorizes this exchange of information.</p>					
PARTICIPANT SIGNATURE		PRINTED NAME		DATE	

DETAILS OF REFERRAL									
ANY CONTACT OR OTHER RESTRICTIONS?			YES		NO	IF YES, EXPLAIN			
REFERRAL DELIVERY METHOD		DATE		EXPECTED FOLLOW-UP METHOD			BY DATE		
REFERRAL STATUS	ACCEPTED		DECLINED		QUEUED		OTHER SPECIFY		
REASON FOR DECLINATION									