



# PROJECT VISION

## SHELTER KAUHALE REFERRAL FORM

KA MALU  
KO'OLAU

IWILEI

PU'UHONUA  
O NENE

### 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	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> GENDER NON-CONFORMING <input type="checkbox"/>
LEGAL STATUS		VETERAN	YES <input type="checkbox"/> NO <input type="checkbox"/>
HEIGHT (ft. __ in. __)		WEIGHT (lbs.)	
GUARDIAN NAME		GUARDIAN RELATIONSHIP	
PARTICIPANT ADDRESS			
VEHICLE OWNER (IF YES PROVIDE MODEL)		PLATE NUMBER	
PHONE/TEL NUMBER		EMAIL	

<b>DO YOU SMOKE?</b>	YES		NO		<b>WHAT KIND?</b>	
<b>TAKING ANY MEDS?</b>	YES		NO		<b>WHAT KIND?</b>	

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

<b>CONSENT TO RELEASE INFORMATION</b> 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>			
<b>PARTICIPANT SIGNATURE</b>		<b>PRINTED NAME</b>	<b>DATE</b>

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

E-mail referrals to [kauhale@projectvisionhawaii.org](mailto:kauhale@projectvisionhawaii.org)

E-mail referrals to [kauhale@projectvisionhawaii.org](mailto:kauhale@projectvisionhawaii.org). Admissions available 24/7.

**Medical History**

Primary Care Provider

Name:

Contact:

Current Medical Diagnoses (Examples: diabetes, high blood pressure, seizures, etc.)

Psychiatrist, Psychologist or Behavioral Health Provider

Name:

Contact:

Current Mental or Behavioral Health Diagnoses (Examples: anxiety, depression, schizophrenia, etc.)

Medications

**Substance Use**

*Ka Malu Ko'olau Windward Shelter is a low barrier site. Answers to the following questions will not affect acceptance or denial.*

History of substance use/chemical dependency:  Yes  No

If yes, please list substances and date of last use below:

Substance	Date of Last Use

**Daily Functioning**

Can you walk at least 30-feet?

Yes  No

Do you use an ambulatory aide (wheelchair or walker)?

Yes  No

If yes, are you able to transfer independently?

Yes  No

Can you **independently**...

Prepare simple meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bathe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Feed yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maintain good hygiene? <input type="checkbox"/> Yes <input type="checkbox"/> No
Use the restroom/toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Housing History**

What is your current living situation and where are you staying? Please include the general location or city if possible.

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When was the last time you were housed?

--

What led to that loss of housing?

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# Project Vision Hawai'i

## Ka Malu Ko'olau Kauhale, a safe space on Oahu

*For Staff Use Only*

Name: \_\_\_\_\_

Hale #: \_\_\_\_\_

### **Ka Malu Ko'olau Kauhale House Rules**

Project Vision Hawai'i (PVH) believes all participants have the right to equal care. PVH prioritizes the safety of our participants and our staff who provide care. A set of House Rules, for participants accepted to Ka Malu Ko'olau Kauhale, that all participants must be followed. Failure to follow the "House Rules" may result in injury/illness, loss of privileges, or dismissal from Ka Malu Ko'olau Kauhale and the shelter program. Ka Malu Ko'olau Kauhale House Rules are as follows:

1. Give all participants, staff, and visitors aloha. All participants are held to the same standards and must show respect towards volunteers, contractors, PVH staff, and any other individual involved in the operation of Ka Malu Ko'olau Kauhale. Care and kindness must be shown for the other participants.
2. Participants in Ka Malu Ko'olau Kauhale and the shelter program must not disturb, harm, or threaten self or others. Violation of this prohibition will lead to dismissal from Ka Malu Ko'olau Kauhale and the program.
3. If a participant vacates the premises for more than 3 days without communication with a member of the PVH staff for more than 1 day, program enrollment may be revoked. PVH will keep abandoned belongings for up to 90 days.
4. "Quiet hours" are from 10:00 p.m. to 8:00 a.m.
5. All participants must be active in their plans of care. Failure to cooperate may lead to dismissal from the Ka Malu Ko'olau Kauhale and the program.
6. Participants must participate in weekly community meetings and individual case management meetings, as well as monthly wellness checks.
7. Participants should share their schedules with the staff upon move-in but are expected to be on site for all nursing and case management visits, as well as meals, unless otherwise arranged ahead of time.
8. Participants must sleep on site during their preferred time of day. If a person is off site for more than 24 hours without prior notification, they will be discharged and need to go through the intake process again if they return and there is space.
9. Participants will have facilities to maintain their personal hygiene. This includes toilets, showers, sinks and laundry access. It is expected that each participants will maintain this daily.
10. Participants must keep the living units and common spaces clean. Daily cleaning is to be done in each occupied unit, by the participant, including but not limited to taking out the trash, making the bed, sweeping, wiping down surfaces, washing dishes, mopping as needed, etc.
11. Participants must do their own laundry by signing up on the laundry log.
12. Participants are responsible for their belongings and must ensure their unit is locked if it is unoccupied. PVH will search items upon entry. PVH staff are not responsible for any lost or stolen items.
13. Participants are not permitted to enter another participant's space. Unless approved by the staff, participants are only to use the common space to interact with other individuals outside of their living quarters.
14. Participants are not permitted to barricade or modify the door and its environment to prevent staff from entering the units.

# Project Vision Hawai'i

## Ka Malu Ko'olau Kauhale, a safe space on Oahu

*For Staff Use Only*

Name: \_\_\_\_\_

Hale #: \_\_\_\_\_

15. Participants are not permitted to modify, change, or destroy any property belonging to Ka Malu Ko'olau Kauhale or Project Vision Hawai'i. If a participant causes a loss of property, that participant will be responsible for compensating the property's owner and/or program operator for any damages.
16. Pets are permitted only if they are designated as service animals. Additionally, all pets must be kept on leashes and under control at all times.
17. The facility does not provide parking. Street parking is available nearby, and all participants park vehicles at their own risk.
18. The facility is fire and tobacco-free. Smoking/vaping of any substance and burning of candles, incense, etc., is prohibited indoors and within 25 feet of any of the units. Violation of this prohibition may lead to dismissal from Ka Malu Ko'olau Kauhale and the program.
19. Possession and/or use of any illegal or illicit substance is not allowed on site and may lead to dismissal from Ka Malu Ko'olau Kauhale and the program.
20. Possession of any weapon (any cutting, stabbing, or bludgeoning weapon or device capable of inflicting grievous bodily harm) is not allowed on site and will lead to dismissal from Ka Malu Ko'olau Kauhale and the program.
21. After a 6-month grace period (months 1-6), Ka Malu Ko'olau will begin collecting a program participation fee, rising in increments every 3 months. Participation fees start at \$150 each month for Months 7-9, \$300 each month for Months 10-12, and \$450 per month from Month 13 on. This fee will be collected by the 15th of every month.
22. Written two weeks' notice must be given to coordinate any refunds, which will be available 30 days after exit from the program. No refunds will be given for discharges resulting from rule violations. A grievance may be filed via email [kauhale@projectvisionhawaii.org](mailto:kauhale@projectvisionhawaii.org) and reviewed by administration.
23. Within 14 days of intake, participants must meet with resident navigator to discuss income and future goals, and must keep up with meetings each month. For those who can show evidence of zero or insufficient income and are making best efforts to build income, a sliding scale for the program participation fee may be considered.
24. Any medical respite patient must also commit to daily healthcare worker encounters, vital checks and assistance with medication management.
25. This voluntary placement will require agreement from both parties to maintain participation. Part of that agreement includes adherence to these rules. Failure to adhere to these rules may result in termination of participation.

\_\_\_\_\_ **Initial to indicate you have read (or have been informed) the Ka Malu Ko'olau Kauhale House Rules.**

# Project Vision Hawai'i

## Ka Malu Ko'olau Kauhale, a safe space on Oahu

*For Staff Use Only*

Name: \_\_\_\_\_

Hale #: \_\_\_\_\_

### **Ka Malu Ko'olau Kauhale Program Description**

The Ka Malu Ko'olau Kauhale is the first long term housing program for houseless individuals, etc. The goal is to provide options for those that were unhoused prior to the fire. An around-the-clock tiny home village offering comprehensive medical and case management services. The Ka Malu Ko'olau Kauhale is geared to provide a safe and compassionate place to heal and recuperate, and to provide holistic supportive services in a community setting. This is a village for those who have experienced trauma, to care for each other. We will grow the space together.

Project Vision Hawai'i (PVH) is the operator of the facility that includes:

- 32 individualized "tiny home" structures
- 24/7 intake, security, & CCTV
- Shared bathrooms and common areas (dining area, entertainment area)
- On-site daily nursing, wellness, and mental health care
  - On call nurses, nurse practitioners, and doctors as needed
  - Medication and refill support
- Full case management services including housing, employment, and entitlements
- 3 meals per day (diet specific meals available upon physician order)
- Wi-Fi, phone, and tablet access
- Community engagement activities
- Transportation support
- Cleaning and laundry
- Cars allowed
- On-site jobs

#### **Requirements:**

- Referrals must come from the following approved entities: DOT, WCC, HIS, RYSE, Hina Mauka
- Participants must be independent and ambulatory.
- Participants may require support from hospital- ordered and scheduled home health, therapy, and other skilled services.
  - Any such services are to be put in place prior to admission to Ka Malu Ko'olau Kauhale.
- Any hospital referral will require hospitals to provide transportation to Ka Malu Ko'olau Kauhale, with 14-days of medication filled and in-hand upon delivery.
  - Participant must agree to PVH staff holding all medications for participant.
  - Access to or a copy of the complete medical file and discharge paperwork must be given for each participant by the discharging hospital to PVH by email to [kauhale@projectvisionhawaii.org](mailto:kauhale@projectvisionhawaii.org) or fax to 808.744.2230
  - Nurse-to-nurse consultation must be conducted prior to admission.
- Case manager consultations and site visits may be required for participants outside of current sitecapacity.

# Project Vision Hawai'i

## Ka Malu Ko'olau Kauhale, a safe space on Oahu

*For Staff Use Only*

Name: \_\_\_\_\_

Hale #: \_\_\_\_\_

- Participants may be subject to a background check, behavioral health consultation, and item search prior to entry (including but not limited to psychiatry/psychology consult, medication recommendations, and/or outpatient psychiatry/psychology).
- Participants may be subject to CAGE-AID (Cut, Annoyed, Guilty, and Eye – Adapted to Include Drugs), brief mental health survey and COW-OSA (Clinical Opioid Withdrawal Scale – Culture of Wellness Organizational Self-Assessment) to be interpreted by licensed medical staff.
  - If participants are Intermediate Level of Care (I LOC), an 1147 must be submitted and approved prior to discharge to Ka Malu Ko'olau Kauhale.

### Restrictions & Rules:

- Ka Malu Ko'olau Kauhale is not a skilled nursing or hospice facility.
  - Participant should have success with accomplishing activities of daily living (ADLs) as PVH staff are not permitted to provide skilled services for participant.
  - Stand by assist and support may be provided by PVH staff, pending capacity, but PVH does not provide custodial care (toileting, diaper changes, bathing, dressing, etc.).
  - Ka Malu Ko'olau Kauhale cannot accommodate participant use of bedpans or bedside commodes.
  - Ka Malu Ko'olau Kauhale provide primary care service, not home health within units.
- The PVH team has full discretion over admission and retention decisions, to ensure the safety of all participants and staff.
- Ka Malu Ko'olau Kauhale provides a shelter with support services intended to lead to placement in the community.
  - Discharge or referral criteria are dictated by case manager, security, home health, specialty or PCP providers, and typically coincide with stable housing placements.
  - It is the role of the PVH Case management (CM) staff to:
    - support participants release to independent or semi-independent living,
    - provide CM supports to facilitate continuity of care,
    - provide linkage to needed benefits and stable housing.

### Participant Fee Information:

- After a 6-month grace period (months 1-6), we will begin collecting a program participation fee rising in increments every 3 months. Participation will be \$150 each month for months 6-9, \$300 each month for months 9-12, and \$450 per month. This fee will be collected by the 15th of every month.
- Written two weeks' notice must be given to coordinate any refunds, which will be available 30 days after exit from the program. No refunds will be given for disciplinary discharges. A grievance may be filed via email [kauhale@projectvisionhawaii.org](mailto:kauhale@projectvisionhawaii.org) and reviewed by administration.
- Within 14 days of intake, participant must meet with participant navigator to discuss income and future goals, and must keep up with meetings each month. For those who can show evidence of zero or insufficient income and are making best efforts to build income, a sliding scale for the program participation fee may be considered.

Questions and referrals can be sent to [kauhale@projectvisionhawaii.org](mailto:kauhale@projectvisionhawaii.org) Admissions available 24/7.