Project Host Application

Submit Referral via Fax or Email

Fax: 518-453-6712 or 518-641-6802 – Attn: Kristin Michael

Email: [Kmichael@st-cath.org](mailto:Kmichael@st-cath.org)

Questions: Contact Supervisor Kristin Michael at 518-573-3532

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| \*\*Please Include with the Referral\*\* |

1. Release for agency submitting referral to communicate with and share documentation with St. Catherine’s
2. Release for St. Catherine’s to communicate with and obtain documentation from any providers, facilities, hospitals or contacts listed

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| Name: |  | |
| DOB: |  | |
| SSN: |  | |
| Medicaid #: (CIN) |  | |
| Income: (Source and Frequency) |  | |
| Person Submitting Referral: (Email, Phone & Fax) |  | |
| Best Contact Phone Number: | |  |
| Applicant’s Primary Language: | |  |
| Applicant’s place of birth | |  |
| Applicant’s Highest Level of Education Completed: | |  |
| If program staff cannot make contact to schedule the intake interview, who else can we contact? | |  |
| List all providers involved in the Applicant’s care: (Health Home, Care Coordinator, Managed Care Agency, PCP, other) | |  |

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| **Project Host Referral Criteria** |
| * **Applicant must meet one of the following homeless criteria:** Living on the street, living in a shelter, living in a hospital or have had 3 or more addresses within the past 12 months   **AND**   * Applicant is enrolled in Health Home   **OR**   * Referring Provider is working to enroll the applicant in a Health Home |

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| **Project Host Referral Criteria Continued…** |
| In addition to the above criteria, in the last **12 Months** has had one of the following:  (Be sure to include the dates for any stays)   * Two or more inpatient stays * Five or more emergency department visits * Four or more emergency department visits and one or more inpatient stay |

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| **Please describe hospital use over the last 6-9 months: (including Emergency Room and Inpatient Mental Health and Substance Abuse):** |
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| **Please describe homeless status: (minimum of last three years)** |
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| **Please describe: (if any)** |
| Mental Health Diagnosis:  Substance Abuse Diagnosis:  Physical Health Diagnosis: |