

Appendix 3.1

JSHP Screening & Referral Form

Date:

Referring program: _____

Primary advocate (if applicable): _____

First name or initials of Participant: _____

Number and ages of children, if any:

Reason for referral:

_____ Medically vulnerable due to age, pregnancy or other pre-existing health conditions (refer to CDC guidelines).

_____ Someone in the family is sick with COVID (showing symptoms, clinically diagnosed or confirmed by laboratory test).

_____ Someone in the family has been in close contact with someone who has COVID-19.

Any special needs or accommodations, e.g., interpreter, accessible room, vegetarian or other dietary needs:

Brief description of resident/family and specific needs:

Continued on next page

Pre-Screening Questions for JSHP Referrals:

Currently JSHP can only take referrals when someone in the household has suspected or confirmed COVID-19, has been in close contact with someone with COVID or is medically vulnerable. Upon receiving a request from a shelter for housing, ask the following questions to determine if the person meets the criteria for housing.

1. Are you or anyone in your household over the age 65 or pregnant?
2. Do you or anyone in your household have:
 - Chronic lung disease or moderate to severe asthma
 - Heart, kidney, or liver disease
 - A compromised immune system
 - Any other serious underlying health condition
3. Within the past 14 days have you been exposed to someone outside of your immediate household, who may have/has COVID-19?
4. Do you or anyone in your household have a fever (100.4°F/38°C or higher)? Please take their temperature if possible. If their temperature is between 100-100.4°F, wait 10 minutes and check again.
5. Do you or anyone else in your household have:
 - Cough
 - Shortness of breath
 - New loss of taste or smell
 - **OR** at least 1 of these symptoms:
 - Runny nose, eye drainage, or other cold symptoms
 - Chills/repeated shaking with chills
 - Headache or muscle pain
 - Sore throat
 - Nausea or vomiting
 - Diarrhea

If the person does not answer yes to any of the above questions refer them back to shelter. Contact the coordinator at [number] with questions and to

determine isolation or quarantine guidelines. You may also contact the MDH provider hotline for guidance: 651-201-5414.