Crossroads Health

North Coast House
7480 Auburn Rd, Painesville, OH 44077
Phone: 440-352-7271 Fax: 1-833-974-3010

CONFIDENTIAL REFERRAL FORM

North Coast House is a 16-bed transitional residential facility serving Lake County adults who are 18 years or older and who are involved with any mental health system of care. Persons eligible for admission often present with a long history of psychiatric hospitalizations, sometimes with co-occurring substance use disorders, and demonstrate a history of being unable to live independently. The program serves persons who experience symptoms of mental health or co-occurring disorders, and those with special needs who need short term (roughly 90 days) transitional residential services.

Exclusionary factors for participation: Inability to care for oneself (ADLs), Sex offender, Significant aggressive behavior, medical complications that are not able to be managed without nursing care (ie: feeding tubes, IV's, anorexia, active detox). *Please call the number at the top if there is an exclusionary factor.*

Date of Referral:

Consumer Name:

Preferred Name: Pronouns:

Consumer Mental Health Diagnosis: ☐ Male ☐ Female ☐ Other:

Consumer DOB: Social Security Number:

Consumer is Currently Staying At:

Is This the Consumer's Permanent Residence? ☐ Yes ☐ No

Consumer is Currently Linked with Mental Health Agency

Referral Staff and Agency:

Referring Staff Email: Phone: Fax:

Reasons for Referral—

Please explain the reason for the referral and additional supports that this consumer may need (housing should not be the primary reason for referral):

Please explain in detail why you, as the provider, feel the consumer is appropriate for North Coast House (housing should not be the primary reason for referral):

Social Information:

Is the Consumer His/Her/Their Own Guardian? Yes ☐ No ☐

If No, Please List Guardian's Name and Contact Information:

Is the Consumer Employed: ☐ Yes ☐ No

Additional Pertinent Information:

Psychiatric Hospitalization— Please list hospitalizations in the last 2 years beginning with most recent:

Hospital:	**Date:**
Hospital:	**Date:**
Hospital:	**Date:**

Reasons:

Medical Hospitalization— Please list hospitalizations in the last 2 years beginning with most recent:

Hospital:	**Date:**
Hospital:	**Date:**
Hospital:	**Date:**

Reasons:

Is the Consumer:

Suicidal? ☐ Yes ☐ No If yes, any attempts made? ☐ Yes ☐ No

Homicidal? ☐ Yes ☐ No If yes, any attempts made? ☐ Yes ☐ No

Does the Consumer have a history of anger and/or violent behaviors? (keep in mind any past violent offenses): ☐ Yes ☐ No

If yes to any of the above, please explain. Be specific and provide timeline:

Legal:

Does the consumer have a history of criminal behavior? ☐ Yes ☐ No

Does the Consumer have limitations to residence related to sex offender status? ☐ Yes ☐ No

If Yes, please explain:

Does the consumer have any current legal issues? ☐ Yes ☐ No

Is the consumer currently on probation? ☐ Yes ☐ No

Name of Probation Officer and contact information:

Does the consumer own or possess any weapons: ☐ Yes ☐ No

If yes, what?

***Under no circumstances may a weapon be brought on North Coast House property!*

Chemical Dependency:

Does the consumer have a history of chemical dependency / abuse? ☐ Yes ☐ No

If yes, indicate current length of sobriety:

Has the consumer recently used illicit drugs or alcohol? ☐ Yes ☐ No

If yes, what substance(s) last used: Longest period of sobriety

What influenced duration of sobriety

Medical:

Does the consumer have any major medical problems? ☐ Yes ☐ No

If yes, explain:

Does the consumer have any dietary or physical restrictions? ☐ Yes ☐ No

Is the consumer currently on any medication? ☐ Yes ☐ No

***Attach current medical orders from ALL prescribers treating the applicant!*

Does the consumer understand the importance of taking medication? ☐ Yes ☐ No

Is the consumer compliant with taking prescribed medications? ☐ Yes ☐ No

List consumer's allergies:

Financial Information:

Benefit Verification

Consumer's source of income: ☐ SSI ☐ SSDI ☐ Employment ☐ Other:

Amount of monthly income: $_____ ***include current verification of income*

Does the consumer have a payee? ☐ Yes ☐ No If yes, state payee name and contact information:

Does the consumer receive food stamps? ☐ Yes ($_____) ☐ No
(Please note that consumers are not able to maintain food stamps while at NCH)

Does the consumer have medical insurance? ☐ Yes ☐ No

☐ Medicare # ☐
☐ Medicaid ☐
☐ Other: ☐

If they do not have healthcare, has the consumer applied for?: ☐ Medicaid ☐ Medicare ☐ SSI/SSDI

Housing:

Has the consumer applied for: ☐ HCV ☐ Extended Housing ☐ Public Housing

Has the consumer ever lived independently? ☐ Yes ☐ No

If yes, please describe: ☐

Program Interests:

	Yes	**No**
Has the consumer been a previous NCH resident? If yes, when?		
Is the consumer familiar with NCH?		
Does the consumer want to stay at NCH?		
Will the consumer be compliant with NCH rules?		
Does the consumer regularly attend appointments?		
Will the consumer have a car at NCH?		
Does the consumer have a valid driver's license and possess car insurance?		
Is the consumer willing to work a goal plan?		
Is the consumer willing to participate in programming?		

What goals does the consumer need to or wish to work on and/or accomplish?

Please complete the checklist below and ensure that all documents are sent with the referral. The referral will not be considered complete until everything is received.

Thank you!

North Coast House

North Coast House – Referral Checklist

Please check box to indicate that this is included:

- ☐ All sections of the referral form are filled in
- ☐ If receiving Social Security, provide proof of income
- ☐ Current medication orders from psychiatric provider (if applicable, required at time of intake)
- ☐ Current medication orders from physical medical provider (if applicable, required at time of intake)
- ☐ Consumer's signed Acknowledgement of Eligibility
- ☐ A signed copy of REFERRING AGENCY's release of information (please file with your agency also)
- ☐ A copy of a Health Assessment completed within the last year, prior to NCH admission
- ☐ A copy of most recent Diagnostic Assessment
- ☐ A copy of TB test results within the last year, prior to NCH admission

EXCLUSION LIST FOR PARTICIPATION IN THE PROGRAM:

- Inability to care for oneself (ADLs)
- Sex offender
- Significant aggressive behavior
- Medical complications that are not able to be managed without nursing care (ie: feeding tubes, IV's, anorexia, active detox)

THIS TO BE COMPLETED BY CONSUMER:

Consumer Acknowledgement of Eligibility

I acknowledge that my signature below signifies that I have read and understood the eligibility requirements for North Coast House.

In order to be eligible for placement at North Coast I must:

- Be 18 years or older
- Have a diagnosed mental illness
- Be capable of ambulating up and down stairs and providing personal care for myself

Persons eligible for admission typically:

- Have a history of psychiatric hospitalizations, sometimes with co-occurring substance use disorders
- Demonstrate a history of being unable to live independently
- Demonstrates a need for additional support and supervision
- Have identified goals and are motivated to work towards goals through participation in programming

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Consumer Name: _____

Consumer Signature:

Date: _____