



Harmony House Respite Center and/or  
Harmony Health Recovery Center  
**DOCUMENTATION OF HOMELESSNESS**

Date: \_\_\_\_\_

Participant: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Case Manager: \_\_\_\_\_

**Prior Living Situation- Where Participant Slept in the Week Prior to Entering the Program:**

**Participant is literally homeless:**

- A. \_\_\_\_\_ Residing in a place not meant for human habitation (Street, Park, Car, Bus Station, and Abandoned Building, etc.)
- B. \_\_\_\_\_ Residing in an emergency shelter
- C. \_\_\_\_\_ Residing in transitional or supportive housing (for homeless persons who originally came from the street or shelter)
- D. \_\_\_\_\_ Resides in one of the above (A, B, or C) but is spending up to 30 days in a hospital or other institution

**Participant is otherwise homeless:**

- E. \_\_\_\_\_ Is being evicted from a private dwelling unit within the week
- F. \_\_\_\_\_ Is being discharged from an institution within the week

**Verification of Participant's Literally Homeless or Otherwise Homeless Status:** (No subsequent residence has been identified; participant lacks the resources and support network to obtain housing)

Type of Verification: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Intake Acceptance: In my opinion, without the assistance of Harmony House Respite Center or Harmony House Recovery Center, the above named participant would have to spend a night in a shelter or in a place not meant for human habitation.**

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date for Participant: \_\_\_\_\_



## Criminal Background Consent Policy

**Consent:**

I hereby give permission for Harmony House, Inc. to obtain information relating to my criminal history record through state and local law enforcement agencies. The criminal history record as received from the reporting agencies may include arrest and conviction data as well as plea-bargains and deferred adjudications.

I understand that this information will be used as well as orally disclosed information, in part, to determine my appropriateness for assistance in Harmony House housing programs and that as long as I remain a participant in Harmony House housing programs, Harmony House may repeat at any time.

I understand that I will have an opportunity to verbally discuss the criminal history results and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Harmony House and each of their officers, directors, employees, and agents harmless from against any and all related attorney’s fees, court costs, and other expenses resulting from the investigation of my background in connection with my participation in Harmony House housing programs.

**Policy:**

All new applicants for Harmony House, Inc.’s housing programs, significant others, and family adult members from age eighteen and up, must consent to a criminal background check as a condition for admission. Admission will be denied and referred out for refusal to submit to a criminal background check.

Harmony House denies admission into all Harmony House housing programs if the check discovers a conviction related to a sex offense or if there are prior convictions for, probation or deferred adjudication for, or pending criminal charges for rape, aggravated rape, sexual abuse, aggravated sexual abuse, rape of a child, sexual abuse of a child, indecency with a child or injury to a child.

Additionally, Harmony House denies participation if the check reveals an applicant/family member was convicted of violent criminal activity during the five (5) years prior to the date of the initial interview. Violent criminal activity includes any activity that has one of these three elements, the use, attempted use or threatened use of physical force against a person or property of another.

Also, Harmony House denies admission if the check discovers the family has been evicted from subsidized housing (including, but not limited to public housing and housing subsidized under Section 8 Moderate Rehabilitation program), for engaging in drug related and/or violent criminal activity.

Additionally, Harmony House reserves the right to conduct follow-up criminal background checks at any time during the client’s participation in the program and reserves the right to discharge a client based on the results of the background check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Harmony House Staff Signature

\_\_\_\_\_  
Date



# Medical Diagnosis

*(Referrals require a medical diagnosis signed by the attending physician)*

**A current H & P is needed**

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

Referring Institution: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

### TB Testing

Was patient tested for **TB** within the past 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of test: \_\_\_\_\_ Result of Test (+/-) \_\_\_\_\_

Was a chest x-ray performed? Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, what were the results? Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

If **Abnormal**, what treatment was prescribed? \_\_\_\_\_

If treatment was not prescribed, state reason: \_\_\_\_\_

### Patient's Next Medical Appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

### Special Dietary Needs:

Diabetic \_\_\_\_\_ Lactose Intolerant \_\_\_\_\_

Low Cholesterol \_\_\_\_\_ Liquid \_\_\_\_\_

Low Salt \_\_\_\_\_ Other \_\_\_\_\_

### Patient Disabilities (check all applicable):

Hypertension \_\_\_\_\_ Alcohol Abuse \_\_\_\_\_

Seizures \_\_\_\_\_ Drug Abuse \_\_\_\_\_

HIV or AIDS \_\_\_\_\_ Other \_\_\_\_\_

### Medications Currently Required

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Reason

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Med Supplies Required

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Reason

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Attending Physician's Signature:** \_\_\_\_\_

# Psychiatric Evaluation

Harmony House Respite Center is able to serve adult men who are homeless, and are in need of support to complete short term medical recovery. Harmony House Respite Center Staff is not trained to provide services to those patients discharged from a hospital with severe mental illness. The staff is able, however, to provide support services to individuals who are receiving appropriate treatment for a psychiatric illness and who can participate in the daily activities of communal living.

The following information will assist our intake staff in making a decision as to whether the patient you are referring is appropriate for services at Harmony House Respite Center. Admission to Harmony House Respite Center will not be considered unless all the information requested has been provided:

Please describe the patient's current mental status (i.e. confused, alarm disoriented, tearful, and disoriented, etc ...)

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Does the patient have a psychiatric history? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what is the patient's diagnosis? Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

If no, does the patient currently present any of the following evidence?

Cognitive Impairment (I.e. memory, judgment, concentration)	Yes___	No___
Thought Disorder	Yes___	No___
Dementia	Yes___	No___
Paranoia	Yes___	No___
Confusion	Yes___	No___

If the patient has a psychiatric history, psychiatric services must be established before we can accept this patient. What other services will this patient are involved in? (I.e. Day Program, Individual Therapy, etc ...)

## Patient's Next Psychiatric Services:

Date: \_\_\_\_\_ - Time: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Location: \_\_\_\_\_ - Type of Service \_\_\_\_\_

Date: \_\_\_\_\_ - Time: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Location: \_\_\_\_\_ Type of Service \_\_\_\_\_

Date: \_\_\_\_\_ - Time: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Location: \_\_\_\_\_ Type of Service \_\_\_\_\_