



## Union Gospel Mission – External Chaplaincy Bed Referral Form

601 E Hastings St. V6A 1J7

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

*Please answer these as best as you can:*

	Yes	No
1. Is this individual <b>able</b> to come and get a ticket at 601 East Hastings reception at 5 pm?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they have complex medical needs, such as overnight wound-care, needs for other home-care support, or unmanaged issues of ongoing incontinence?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do they have cognitive/memory issues that would make independent living unsafe?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any mental health and/or behavioural issues that would make it challenging for the individual to safely share a dormitory-style shelter with 72 bunk beds?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any issues related to health and/or fragility that would make it unsafe for the individual to line up outdoors for shelter each night?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are they, to your knowledge, on their shelter out-time or on a break from UGM services?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are they <b>unable</b> to be in the UGM reception by 8:30 pm to claim their bed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are they <b>unable</b> to independently transfer to a bunk bed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are they <b>unable</b> to independently shower and use bathroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>

**Reminder:** Dorm style with bunk beds, zero tolerance for substance use onsite, no coming & going after intake, wake up at 6:30 am, vacate shelter by 7:00 am.

**Reminder:** We do not have storage facilities. Guests may bring personal items that will fit in a bin under the beds, but these items must be taken with guests when they leave in the morning.

**Reminder:** Please have the individual sign consent form(s) allowing communication between UGM and the referral source (see attached documents):

**UGM Phone: 604-253-3323; Fax: 604-253-5407; and email: shelterreferral@ugm.ca**

Referrer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization: \_\_\_\_\_

***All referrals need to be confirmed with UGM staff before a bed can be provided***

Guest Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Health: \_\_\_\_\_

Mental Health: \_\_\_\_\_

Substance Use: \_\_\_\_\_

Medications: \_\_\_\_\_

Discharge Plans: \_\_\_\_\_

Other Notes: \_\_\_\_\_