



The Life House Women's Shelter Discharge Referral Form

IMPORTANT: This form *must* be fully completed and submitted to The Life House Women's Shelter via email three (3) days prior to discharge for review. Once approved, a confirmation email will be sent with the date and time of the reserved bed.

MANDATORY: A designated driver *must* accompany the individual inside the facility and complete an in-person handoff. This process takes approximately 5-10 minutes, and is *required* for admission.

Client Information:

Full Name: _____

Date of Birth: _____

Primary Language: _____

Last Known Address*: _____

*must be York, Chester, or Lancaster counties

Shelter Discharge Planning:

Date of Discharge Planning Conversation: _____

Was the Client informed of, and in agreement with, being discharged to The Life House Women's Shelter - The Cottage?

- Yes
- No

Brief Notes on Outcome of Discussion:

Medical & Functional Status at Discharge:

List of Current Medications/Dosage.:

Other Care Instructions:

Activities of Daily Living (ADLs):

Can the Client *independently* complete daily tasks such as bathing, dressing, and eating?

- Yes
- No

Mobility of Belongings:

Can the Client carry or manage their belongings *independently*?

- Yes
- No

Ability to Perform Light Chores:

Can the Client *independently* complete simple chores such as making their bed, keeping their sleeping area tidy, washing their laundry, sweeping, vacuuming, mopping, taking out trash, wiping counters and sinks, etc.?

- Yes
- No

Ambulation:

Can the Client walk *at least one City block*, with or without mobility aid (cane, walker)?

- Yes
- No

Logistics & Follow-up:

Scheduled Appointments/Follow-up (date/time/location) & Pharmacy Info.*

Anticipated Discharge Date: _____

*Prescriptions *must* be called into a local pharmacy, 29730 or 29732 area code, no exceptions.