HAVEN COVE MANOR
INDEPENDENT LIVING

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EMERGENCY PLACEMENT REQUEST FORM

Structured Independent Living • A Place to Live. A Path Forward.

For urgent professional referrals. Complete all known information and submit for HCM review.

1 REFERRAL SOURCE

REFERRAL DATE | REFERRER NAME AND TITLE | ORGANIZATION

DIRECT PHONE | EMAIL | PREFERRED CONTACT METHOD

2 APPLICANT INFORMATION

FULL NAME | DATE OF BIRTH | GENDER

PHONE NUMBER | CURRENT FACILITY OR STREET ADDRESS (IF APPLICABLE) | CITY / STATE / ZIP

3 EMERGENCY PLACEMENT NEED

HOUSING NEEDED BY DATE | DISCHARGE OR EXIT DATE (IF APPLICABLE) | CURRENT LIVING SITUATION

URGENT REASON

☐ Unsheltered ☐ Shelter ☐ Hospital/program discharge ☐ Must leave current housing ☐ Other: _____

BRIEF EXPLANATION

4 INDEPENDENT LIVING READINESS

Manages all daily activities independently	☐ Yes	☐ No	Self-administers medications	☐ Yes	☐ No
Can follow structured shared-home rules	☐ Yes	☐ No	Agrees to drug- and alcohol-free living	☐ Yes	☐ No
Can provide photo ID and proof of income	☐ Yes	☐ No	Has a verifiable payment source	☐ Yes	☐ No

MONTHLY INCOME / PAYMENT SOURCE | AMOUNT $

5 IMMEDIATE SAFETY SCREENING

Requires medical or personal care	☐ Yes	☐ No	Currently intoxicated or experiencing withdrawal	☐ Yes	☐ No
Immediate risk of harm to self or others	☐ Yes	☐ No	Recent aggressive, violent, or unsafe behavior	☐ Yes	☐ No

A "Yes" response requires additional review and may indicate that HCM's non-medical setting is not appropriate.

6 PLACEMENT LOGISTICS AND HCM REVIEW

EMERGENCY CONTACT NAME AND PHONE | ADDITIONAL REFERRAL NOTES | HCM DECISION

☐ Pending ☐ Approved ☐ Declined

REVIEWED BY | REVIEW DATE