Hunter Hearts and Homes Program Criteria

Hunter Hearts and Homes accepts unhoused persons who require safe, structured, stable housing. There are shared and private bedroom options available. Patient's will be removed from the premises if they use drugs on or around campus, are violent, have weapons, or are noncompliant with Hunter Hearts and Homes policies. Hunter Hearts and Homes residents should be completely independent and able to complete all Activities of Daily Living.

The following patients are NOT appropriate for referrals to Hunter Hearts and Homes:

- Registered Sex Offenders
- Unable to independently handle all ADLs and ambulate community distances
- Have severe untreated mental illnesses
- Are Deaf and/or Blind (Hunter Hearts and Homes cannot safely accommodate these clients at this time)
- Require dialysis without coordinated transportation services
- Require daily transportation to work or other appointments

Patients who do not identify with the parameters listed above, MAY be appropriate for a referral to Hunters Hearts and Homes. In the referral, please include the following:

- The HHH referral Form
- Psychiatry notes (if applicable)
- Medication Administration Record
- List of follow up appointments
- Emergency contact information (if available)

To submit a referral for Hunter Hearts and Homes, please send a secure email to Cherese Hunter at hhhomes205@gmail.com. If approved, the patient MUST admit to Hunter Hearts and Homes by 6:00pm on the planned date coordinated with client and HHH. Hunter Hearts and Homes CANNOT accommodate new patients after 6:00 pm daily.

For accepted patients:

- Residents can come with DME such as oxygen, walkers, wheelchairs, and canes as long as they have already been delivered. However, patients CANNOT have bedside commodes. (Of note, residents must be able to use their DME independently.)
- Patients must agree to meet with administrator, Cherese Hunter, weekly to discuss any concerns.
- Patients must agree to photo/camera consent for common areas.
- Patients must be in the building by 10:00pm nightly for curfew and agree to not leave the property between 10:00 pm and 6:00 am for security reasons unless discussed and approved by administrator in advance

Date of Referral: _____

Hunter Hearts and Homes Referral Form

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Referring person's name, title, and organization: _____

Contact number or email: _____

Patient's name: _____ DOB: _____

Is English the patient's primary language? If no, please list first language: _____

Patient's phone number (if applicable): _____

Emergency contact: _____ Contact number: _____

Relationship:

If patient has any other support persons, please list their name and contact number:

1. _____
2. _____
3. _____

Patient Information

Are you a registered sex offender? ☐ Yes ☐ No

Are you homeless? ☐ Yes ☐ No

Are you a victim of domestic violence? ☐ Yes ☐ No If yes, how long ago was the last incident? _____

Do you have a disabling condition/substance abuse? ☐ Yes ☐ No If yes, what type? _____

Do you have a mental health worker? ☐ Yes ☐ No If yes, who/where? _____

Last name, DOB: _____

Current or previous probation or parole from state or federal prison? ☐ Yes ☐ No If yes, explain:

_____

Please list any controlled or psychiatric medications this patient may arrive on:
(please also include a medication list)

_____

_____

_____

Does this patient have O2 requirements? ☐ Yes ☐ No

If yes, how many liters? Who is the DME provider? _____

Acknowledgement Form

This form is to ensure that you as the participant understands all rules and agree to follow them. If any of these rules are broken at any time, you are subject to disciplinary action which could include having to leave the property.

Please initial beside **each** number, and sign below:

_____ 1. I understand that I must be completely independent with transfers, toileting, and eating. Other residents or staff are not able to assist me with any of these matters.

_____ 2. I understand that upon entering the facility, I am subject to be searched for drugs and/or weapons. I may also have to enter through a metal detector.

_____ 3. I understand that I am required to remain on campus between the hours of 10pm and 6am. I am not able to leave during these hours, unless a medical emergency occurs, or I have prior approved arrangements by the administrator. No exceptions.

_____ 4. I understand that Hunter Hearts and Homes is not responsible for medication administration.

_____ 5. I understand that rent is due monthly. If rent is not received by the expected date, there is not guarantee that my room will be held.

_____ 6. I understand that I am required to meet with Hunter Hearts and Homes administrator weekly to discuss any concerns.

_____ 7. I understand that HHC (nurse and/or physical therapist) is not able to visit me on a daily basis. I will manage any wound care, etc., on my own on the days that they are not scheduled for visit. I understand that staff and other guests are not allowed to assist with these matters.

____ 8. I will be expected to uphold all stated facility rules.

_____ Date: _____

Signature

_____ Date: _____

Witness