Porchlight, Inc.

Men's Drop-In Shelter: Authorization for Medical Priority Entry

**This form must be approved for all guests seeking priority entry at the shelter.*

Purpose

This form provides documentation of the medical and/or physical need for your patient to sleep in a lower-bunk bed at the Men's Drop-In Shelter. The alternatives are upper-bunk beds or padded floor mattresses. Please note that there are **only twenty-four (24)** lower-bunk beds for as many as 160 guests, so it is critical that these limited bunk beds are available to those who need them. We ask that you consider the range of physical challenges among individuals experiencing homelessness as you make your recommendation. Please also note that there are often times when the number of guests approved for medical priority entry exceeds the number of available bunk beds. In this case, beds will be filled on a first come, first served basis.

Medical Authorization

(To be completed by a licensed medical professional)

We request that a medical care provider only complete this form if in their professional opinion, the guest's medical or physical condition makes it very difficult or impossible to sleep on a padded mattress on the floor.

Name of Guest Seeking Medical Priority Entry: _____

Length of Time Guest Requires Medical Priority Entry *(max 60 calendar days)***:** _____

Medical/Physical Diagnosis: _____

Medical Recommendation *(circle at least one)***:**

a) no sleeping on upper bunk **b)** no padded floor mattresses **c)** no walking to overflow shelter (3 blocks)

Additional Notes: _____

Medical Professional: _____ _____ _____

Signature **Printed Name** **Date**

Medical Facility: _____ **Contact Number:** _____

*Porchlight staff may call to verify or seek additional information regarding this authorization. Any inquiries will be made within three (3) business days. The guest will be eligible for medical priority entry when this form is approved by staff.

Please return this form by fax, Attn: DIS to (608) 257-2507.

Office Use Only

_____ _____ _____

Date Received Date Approved Staff Initials

Revised 9/4/18