



Porchlight, Inc.

Men's Drop-In Shelter

2002 Zeier Road | Madison, WI 53704

P: (608) 416-1446 | F: (608) 416-1448

Men's Shelter Referral for Medical Providers

The Porchlight Drop-In Shelter provides emergency overnight shelter to male-identified adults.

The shelter is temporarily located at 2002 Zeier Road. Shelter hours are 5:00pm – 8:00am.

Intake hours are 5:00pm – 8:30pm. *Guests who present at shelter during intake hours do not require a referral.*

In order to slow the spread of infectious disease, all guests must submit to a brief health screening prior to intake. Guests experiencing symptoms consistent with COVID-19 or monkeypox may be asked to undergo an assessment to determine whether it is appropriate to seek immediate medical care, or to be diverted from shelter.

Porchlight will accept shelter guests after intake hours from medical providers *if* the provider can confirm in writing that the guest has been screened for COVID-19 and monkeypox symptoms on the date of referral, and was found not to be exhibiting symptoms consistent with COVID-19 or monkeypox.

Note: If the guest is exhibiting symptoms consistent with COVID-19 or monkeypox, they should be referred directly to the Isolation/Quarantine Center (IQC), and will not be accepted at shelter. Questions regarding referral to the IQC should be directed to Equus staff at (608) 618-0216 or (608) 216-2000.

After-Hours Shelter Referral

(To be completed by a medical professional)

Today's Date: _____

Name of Guest Seeking After-Hours Entry: _____

I certify that the above listed guest was screened at a medical facility *today*, and is not currently exhibiting symptoms consistent with COVID-19 or monkeypox. A medical professional has determined that this guest is appropriate for placement in emergency shelter, and does not require isolation or quarantine.

Medical Professional: _____
Signature

Printed Name

Medical Facility: _____

Contact Number: _____

*Prior to after-hours referral, please call shelter staff at **(608) 416-1446**. The referred guest must then present at shelter with this signed form.

Office Use Only

Date Received

Date Approved

Staff Initials