

Shelter Triage Form

Contact Information			
Date:	Time:	Location:	
Name		Caregiver Name:	
Street Address:		Street Address:	
City:	State and Zip:	City:	State and zip:
Age:	Sex:	Phone:	Cell:
Acute Serious Illness			
Do you have pain, fever or any injury or illness which requires immediate medical attention?		NO↓	YES→ EMERGENCY ROOM
Are you dependent on a ventilator to breathe?		NO↓	YES→ Hospital or Nursing Home
Serious Medical Condition			
Do you receive home health nursing services?		NO↓	YES→ Medical Shelter
Do you have a contagious illness other than a cold?		NO↓	YES→ Medical Shelter
Are you have a suppressed immune system? (due to organ transplant, leukemia, current chemotherapy, current radiation therapy, other)		NO↓	YES→ Medical Shelter
Are you pregnant with a high risk pregnancy? (pregnant plus serious medical condition, or risk of loss of pregnancy or premature delivery)		NO↓	YES→ Medical Shelter
Are you in hospice?		NO↓	YES→ Medical Shelter
Do you need assistance with medication or glucose checks and no caregiver to assist, or have inadequate supplies?		NO↓	YES→ Medical Shelter
Do you have an open wound requiring dressing changes?		NO↓	YES→ Medical Shelter
Do you have seizures which are not under control?		NO↓	YES→ Medical Shelter
Are you on tube feedings?		NO↓	YES→ Medical Shelter
Are you bed bound?		NO↓	YES→ Medical Shelter
Do you have a central line, a tracheostomy, on oxygen, require bladder catheterization, require other special medical equipment or need daily IV meds?		NO↓	YES→ Medical Shelter
Do you have any other serious illness that would make care in a medical shelter necessary? If yes, specify:		NO↓	YES→ Medical Shelter

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	Support Needs		
Do you have a drug addiction which is not in remission (that is, to alcohol or any controlled substance)?	NO↓	YES→	Genpop with Support
Does the person have a mental illness which is not well controlled?	NO↓	YES→	Genpop with Support
Does the person exhibit problem behavior (e.g., due to confusion, memory impairment or cognitive disability)?	NO↓	YES→	Genpop with Support
Do you need assistance with activities of daily living (feeding, dressing, bathing, toileting) and have no full-time caregiver in the shelter?	NO↓	YES→	Genpop with Support
Are you unable to control your bowel or bladder?	NO↓	YES→	Genpop with Support
Do you need assistance with transfers and have no full time caregiver with you in the shelter?	NO↓	YES→	Genpop with Support
Do you need assistance due to sight or hearing impairment and have no full time caregiver or service animal with you in the shelter?	NO↓	YES→	Genpop with Support
Do you have a medical problem which prevents you from sleeping on a cot?	NO↓	YES→	Genpop with Support
Does the person have a cognitive impairment which will require them to receive assistance and have no full time caregiver?	NO↓	YES→	Genpop with Support

General Shelter