



# Whole Person Wellness Referral Form



Date of Referral: \_\_\_\_\_

<b>Client Name:</b> _____	<b>Date of Birth:</b> _____
<b>Last 4 of SSN:</b> _____	<b>Phone #:</b> _____
<b>Email:</b> _____	
<b>What area in San Diego does the person experience homelessness/risk of homelessness:</b> _____	
_____	
<b>Referring Agency:</b> _____	<b>Phone #:</b> _____
<b>Contact Person Name:</b> _____	<b>Best Contact Information:</b> _____
<b>Does your program fall into any of these type of programs:</b>	<input type="checkbox"/> Justice Involved <input type="checkbox"/> Mental Health <input type="checkbox"/> SUD <input type="checkbox"/> N/A

What type MediCal coverage does the person have? (Managed Care Plan, FFS, Special Program, etc.) Member ID: _____	
How many ED and in-patient stays has the person had in the past 12 months?	
What is the current living situation of the person? ( <i>Streets, emergency shelter, apartment, etc.</i> )	
What Mental Illness, Substance Use Disorder, or Chronic Health Conditions does the person have?	
Does the person have a terminal illness with less than one-year life expectancy?	

Any other pertinent information:

\_\_\_\_\_

Release of Information Included:  Yes  No *If no, why:* \_\_\_\_\_

<b>South/East County</b> Andrew Barajas Cell (619) 301-5238 <i>Please e-mail South/East/Central County referrals to WPWreferral@epath.org or fax to 619-346-4536</i>	<b>Central County</b> Paige Retter Cell (619) 341-4980	<b>North County</b> Noelani Dizon Ph: (760) 305-4800 <i>Please fax to: (760) 305-4637 or email to: exoduswpwreferrals@exodusrecovery.com</i>
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