Bailey-Boushay House
Virginia Mason

Outpatient Program Referral Form

Client Name:_____ Preferred Name:_____
SSN: _____ DOB:_____ Pronouns: _____
Phone/ Text:_____ Email:_____ [circle preferred]
If housed, Address: _____
If unhoused, where are they staying? _____
Language: _____ Need interpreter: Yes / No
Primary Medical/ HIV Provider: _____ Date of last visit: _____
HIV Case Manager: _____ HMIS Identifier: _____
Referring Case Manager (if other than MCM): _____
Does the client have a pet that will be coming with them to BBH? Yes / No
If yes, does the client have food/ leash/ carrier/ vet care for the pet?_____
Does the client have a vehicle and will they be participating in BBH Safe Parking? Yes / No
Connections to other Agencies (Mental Health, CD, Payee, Current Housing Resources): _____
_____
Any medical needs client will have while at BBH (ex: wound care, incontinence, etc): _____
_____

General Eligibility (Please check all that apply):

- ☐ **HIV +**
- ☐ **Meets Ryan White Financial Eligibility or pays according to sliding scale**
- ☐ **Needs Assistance to maintain or achieve independence:**
  - ☐ Assistance managing or organizing medications
  - ☐ Homelessness or at risk of losing housing
  - ☐ Assistance in optimizing health due to substance use and/ or mental health issues

NOTE: MEDICATION MANAGEMENT IS REQUIRED FOR ADMISSION TO ALL PROGRAMS

Program(s) you are referring to:

- ☐ **Day Program**: 8 am - 3:30 pm for housed clients; 8 am - 7 pm for unhoused clients
  Eligibility Criteria: * HIV + and Medication Management required*****
- ☐ **Emergency Homeless Shelter**: Operates 24 hours/day, 7 days/week
  Eligibility Criteria: * HIV +, Homelessness and Medication Management required*****

Required Documentation for ALL Programs:

Proof of Insurance: *if not in Provider One*, provide proof of all current insurances
Proof of Residency: *If not homeless*, provide proof showing current address
Proof of Income: *If not zero income*, provide proof of current income
Proof of HIV: Provider to complete Standing Orders which include certification of HIV
Clinical: Comprehensive H&P, including recent clinic note, allergies and HIV labs

Please return this form to Bailey-Boushay House Admissions Office P: 206-720-2305 F: 206-720-2328