



Public Health
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Shelby County Health Department

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COVID-19 CARE COORDINATION REFERRAL FORM

If an individual you are working with in your agency receives a positive COVID-19 test result and is currently homeless or housed in a congregate facility with no place to safely isolate, please complete this form and send it to the Care Coordination team at the Shelby County Health Department following the directions indicated at the bottom of this form. From there, this team will contact the referring agency to arrange safe isolation shelter and services for the client.

Referral Date: _____

Referring Agency: _____ **Agency Contact Name:** _____

Agency Contact Phone: _____ **Agency Contact Email:** _____

Client Information:

Client Name: _____ Client DOB (MM/DD/YYYY): _____

Date of COVID-19 Test: _____ Testing Site/Agency (if known): _____

Date of Positive COVID-19 Test Result: _____ Date of First Symptoms: _____

Client Sex:	Client Primary Language:	Client Medical History:
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____	<input type="radio"/> Pulmonary <input type="radio"/> Cardiac <input type="radio"/> Other <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Psychological Allergies

Client Phone (if available): _____ Client Email (if available): _____

Client's Current Location: _____

Can client return to referring agency when isolation period ends? Yes No

If no, why not? _____

Client's specific needs/any additional comments: _____

Is the client fully ambulatory? Yes No Is the client able to do full self-care? Yes No

Send completed form to:
SCHD Care Coordination Team

Email:
covid.carecoordinate@shelbycountyttn.gov

Fax: 901-222-0095

Phone: 901-293-5961

SCHD Office Use:

Date of Receipt: _____ Staff Initial: _____

Outcome and Date: _____



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Standard Operating Procedure	COVID-19 Recently Released with Positive Test Results
Date updated	September 14, 2020

BACKGROUND

Agencies in Shelby County who are working with clients who have tested positive for COVID-19 and experiencing unstable housing and no place to safely isolate, are referred to the Shelby County Health Department COVID-19 Care Coordination Unit (SCHD – CC) to coordinate supportive services for the client during their isolation period.

PROCEDURE

1. Agency sends the Care Coordination referral form to the SCHD-CC Unit via email at covid.carecoordinate@shelbycountyttn.gov or fax to 901-222-0095.
2. A file is opened upon SCHD Care Coordination Unit receipt of the referral form.
3. SCHD – CC Unit contacts the agency and client to ascertain specific needs.
4. SCHD - CC Unit, with the assistance of the SCHD COVID Management Team, will determine a plan to meet the needs of the client: housing, transportation, meals, and any required medical attention (e.g. thermometer, medications, etc.).
5. SCHD – CC Unit sends the plan to the Logistics Personnel to execute the plan.
6. File is closed when the isolation period has ended. Client is returned to referring facility if possible, or newly identified facility if not.

ADDITIONAL NOTES

1. For pediatric COVID testing needs, organizations should visit the following link for a list of applicable sites: <https://www.lebonheur.org/your-visit/patient-and-family-safety/covid-19-testing-for-children>
2. Guidance for key symptom check prior to return to a shelter post isolation:
 - At least 10 days and up to 20 days have passed since symptoms first appeared.
 - At least 24 hours have passed since last fever without used of fever-reducing medications.
 - Symptoms (e.g., cough, shortness of breath) have improved.
 - Consider consultation with infection control experts if still questionable.

CONTACT INFORMATION

Health Manager-Vulnerable Populations Teams:

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