



High Service Need Verification

This worksheet is not required for the referral, but provides a checklist as well as information about what documentation is required for the Home Stretch referral packet.

Client Name: _____ Client HMIS ID# (if known): _____

Please check the high service need verification documentation you have included with this Home Stretch referral:

- Attach a completed Law Enforcement 3rd Party Verification form from a law enforcement officer indicating the individual has had one or more of the following in the past 12 months:
- 3 or more incarcerations
 - 5 or more law enforcement contacts

OR

- Attach a completed Health Care Utilization 3rd Party Verification form from a health care provider indicating the individual has had one or more of the following in the past 12 months:
- 3 or more admissions to Cherry Hill Detox or Sobering Station
 - 3 or more medical and/or psychiatric hospitalizations
 - 5 or more Emergency Medical Services transports

OR

- Attach a completed Health Care Diagnostic Verification form from a licensed health care professional that the individual has one or more of the following conditions:
- 60 years of age or older AND one or more chronic health conditions: heart disease, emphysema/COPD, diabetes, asthma, cancer, or hepatitis C
 - Kidney Disease/End Stage Renal Disease or Dialysis
 - History of Frostbite, Hypothermia, or Immersion Foot
 - Liver disease, Cirrhosis, or End-Stage Liver Disease
 - HIV+/AIDS
 - Arrhythmia
 - Seizure Disorder
 - Schizophrenia or Schizoaffective Disorder
 - Tri-Morbidity
 - Mental health, learning, developmental, or other cognitive disability AND
 - Substance use disorder AND
 - Chronic health issue: heart disease, emphysema/COPD, diabetes, asthma, cancer, hepatitis C

OR

- Attach a completed VI-SPDAT 2.0 (Single or Family) with a score of 8 or more

OR

- Attach a completed TAY-VI-SPDAT when the head of household is 18-24 years old with a score of 8 or more

Contact **HOME STRETCH**

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