



Shelter Referral Log

Use this log to record client needs that were identified when completing the Shelter Client Information form or other interactions with clients so Red Cross activities can provide specialized support to clients

Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

Referral Timing	Client Name / Contact Info	Reason(s) for Referral	Referral To
<i>Date/Time Recorded:</i> <i>Date/Time Received:</i> <i>Name of person who received referral:</i>		<i>Do not record confidential information</i>	<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Shelter Manager <input type="checkbox"/> SRT <input type="checkbox"/> Feeding <input type="checkbox"/> Other (specify)
<i>Date/Time Recorded:</i> <i>Date/Time Received:</i> <i>Name of person who received referral:</i>		<i>Do not record confidential information.</i>	<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Shelter Manager <input type="checkbox"/> SRT <input type="checkbox"/> Feeding <input type="checkbox"/> Other (specify)
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