



SOCIAL JUSTICE AND PEACE
 THROUGH INTERFAITH
 UNDERSTANDING AND COOPERATION

Client Name: _____

Hospital Discharge Date: _____

REST Staff Completing Intake: _____

Hospital Employee Name and Contact Information: _____

Discharge Requirements (This gets confirmed on the phone with hospital employee by Navigator)	Met? Y/N
Acute medical condition that would benefit from short-term respite stay (including acute flare ups of chronic conditions).	
Has no active Infectious Disease concerns including but not limited to Covid 19, TB, C-diff, vomiting and/or diarrhea of unknown origin.	
Not in active medical withdrawal from alcohol, prescription, or illicit drugs.	
Medically stable and able to actively participate in planning their medical care.	
Independent in medical management and administration (including oxygen).	
If diabetic, independent in diabetic regimen including blood sugar monitoring and oral medication/insulin administration.	
Independent in mobility (walker, wheelchair, cane)/is not a Fall Risk.	
Independent in Activities of Daily Living (such as showering, hygiene, dressing, toileting, transferring, and eating). OR, if not fully independent in ADL's must have appropriate care-giving support set up and/or assistive device(s) prior to discharge.	
Disclosure of all recent, and previously known suicidal, homicidal, or assaultive ideation or actions.	
<p>In checking these boxes, and discharging an individual through the Interfaith Works REST program, the discharging party certifies that the discharged individual meets this criteria. Interfaith Works reserves the right to refuse service to individuals that do not meet this criteria, or to return individuals to the care of the discharging party should a change in status affect these criteria.</p>	



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NOTES: