



Men's Shelter Referral for Medical Providers

Porchlight, Inc.
306 N Brooks St
Madison, WI 53715
(608) 257-2534

The Porchlight Drop-In Shelter provides emergency overnight shelter to male-identified adults. During the COVID-19 pandemic, the shelter is temporarily located at Warner Park Community Recreation Center (1625 Northport Dr). Shelter hours are 5:00pm – 8:00am. **Intake hours are 5:00pm – 8:30pm.** *Guests who present at shelter during intake hours do not require a referral.*

In order to slow the spread of COVID-19, all guests must submit to a brief health screening prior to intake. Guests experiencing symptoms consistent with COVID-19 may be asked to undergo an assessment to determine whether it is appropriate to seek immediate medical care, or to be diverted from shelter. Because health screens are offered only during intake, *guests who arrive late will not be admitted.**

*Porchlight will accept shelter guests after intake hours from medical providers *if* the provider can confirm in writing that the guest has been specifically screened for COVID-19 symptoms on the date of referral, and was found not to be exhibiting symptoms consistent with COVID-19.

Note: If the guest is exhibiting symptoms consistent with COVID-19, they should be referred directly to medical respite hotel, and will not be accepted at shelter.

After Hours Shelter Referral

Today's Date: _____

(To be completed by a medical professional)

Name of Guest Seeking After Hours Entry: _____

I certify that the above listed guest was screened at a medical facility *today*, and is not currently exhibiting symptoms consistent with COVID-19. A medical professional has determined that this guest is appropriate for placement in emergency shelter, and does not require isolation in medical respite.

Medical Professional: _____
Signature Printed Name

Medical Facility: _____ Contact Number: _____

*Prior to after hours referral, please call shelter staff at **(608) 243-0232**. The referred guest must then present at shelter with this signed form.

Office Use Only

Date Received

Date Approved

Staff Initials