

## COVID19 MOBILE VACCINATION TEAM REFERRAL REQUEST

To refer an individual for a Strike visit based on meeting the current criteria listed on page 2, please fill out this form and submit it to [DOC45@co.shasta.ca.us](mailto:DOC45@co.shasta.ca.us).

### Client information

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Designated contact information

Name: \_\_\_\_\_  
*Last* *First*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Referral information

Date of request:

Detail reason for referral (See page 2 for current criteria information):

### Referring provider information

Name /Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility: \_\_\_\_\_ E-mail: \_\_\_\_\_

## REFERRAL GUIDELINES

### CURRENT CRITERIA:

#### Individuals age 16+ who meet the definition of Homebound according to CMS:

*... a condition, due to an illness or injury, that restricts the ability of the individual to leave his or her home except with the assistance of another individual or the aid of a supportive device (such as crutches, a cane, a wheelchair, or a walker), or if the individual has a condition such that leaving his or her home is medically contraindicated. While an individual does not have to be bedridden to be considered "confined to his home", the condition of the individual **should be such that there exists a normal inability to leave home and that leaving home requires a considerable and taxing effort** by the individual.*

The purpose of the Shasta County HHSA Public Health Branch Mobile Vaccination Team is to provide access to the COVID-19 vaccines to individuals not able to utilize any other available clinic options. Eligibility for a Mobile Vaccination Team visit may change based on vaccine access, program capacity, and community need. If you think a patient or site may be eligible for a Mobile Vaccination Team visit based on meeting the current criteria listed above, please fill out this form and submit it to [DOC45@co.shasta.ca.us](mailto:DOC45@co.shasta.ca.us).

Submitting this form does not guarantee that a mobile visit will be performed for the patient or site listed. It will initiate a conversation between the applicant and the Mobile Vaccination Team Coordinator or schedulers to gather additional information and determine the best course of action.