

Sullivan County Department of Public Health

<p><u>Title:</u> Community Agencies</p> <p><u>Number:</u> AG-11</p> <p><u>Page Number:</u> 1 of 1</p>	<p>Original Approval: 9/99</p> <p>Reviewed/ revised: 9/99, 3/24</p>
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Statement/ Purpose:

To provide guidelines for the availability of services from community agencies.

Authority:

Application:

All SCDPH staff

Terminology:

Responsible Party:

Director of Patient Services

Cross-Reference:

Procedure:

1. The admitting staff and case manager consider the medical, emotional, and social needs of the patient and support system and educate them about appropriate community resources.
2. Individuals who call the agency for assistance are informed of the availability of community resources and phone numbers regardless of the appropriateness for agency admission.
3. The admitting field staff or case manager forward the necessary demographic information and pertinent medical/social history to the community organization, if the patient approves the referral.
4. Suspected abuse or neglect is reported in compliance with applicable laws and regulations.
5. Documentation of the patient's situation and community organization referral is placed in the patient's record.