

Overview

Project PLASE provides emergency housing and wrap-around supportive services to homeless individuals in Baltimore City helping those in crisis through an acute time of need. The goal with each resident is to access appropriate long-term housing.

We offer 24-hour supported supervision and provide three meals daily, linens, bus tokens when available, medication monitoring, and in-house support groups.

Each resident is assigned an advocacy counselor for assistance and support. At a minimum, they meet once a week. Active case management is provided to assist the individual in meeting their needs and moving beyond their crisis situation. Referrals to community resources are made as appropriate including housing, medical care, mental health and substance abuse treatment, job readiness, education, and legal services.

Project PLASE currently operates two shelter facilities:

3601 Old Frederick Road, Baltimore, MD 21229

- 24 men in dormitory style living
- 12 women in dormitory style living
- Target Population: homeless individuals with either a history of mental illness, substance abuse, HIV/AIDS, or other needs

1814 Maryland Avenue, Baltimore, MD 21201

- 34 individuals in double room style living
- Target Population: homeless individuals and veterans with either a history of mental illness, substance abuse, HIV/AIDS, or other needs
- Handicap accessible

(410) 837-1400 x221 – To speak to our Intake Coordinator
tdoi@projectplase.org – To email our Intake Coordinator
(410) 837-1400 x210 – For general inquiries

Applications can be completed Monday through Thursday at our 1814 Maryland Avenue location between the hours of 10 am and 2 pm. Our Intake Coordinator is available to meet with interested applicants to address any questions and concerns. They can also be filled out over the phone for convenience by calling (410) 837-1400 x221 or on our website at www.projectplase.org.

Service providers in the Baltimore area may make referrals for interested individuals. Complete the attached forms, if applicable, and fax to our Intake Coordinator at (410) 505-1255. It is expected that providers or applicants follow up on these submissions.

Intake Checklist

The below documents, *if applicable*, may be needed as part of the intake process:

- Verification of mental health diagnosis and any medication prescribed
- Verification of enrollment if in outpatient drug treatment program
- Copy of most recent lab work verifying HIV status, cd4 and vl counts (signed by MD, RN, or LCSW)

****Please be informed, we fill all open beds from our wait list as they become available.** Due to the nature of our program, it is impossible to predict when bed space will become available, but ask our Intake Coordinator for the approximate length in time based on eligibility criteria.

****In order to remain eligible and stay active on our waiting list, it is expected that applicants follow up with intake staff once a month.** If no contact has been made over a three-month span, applications then become inactive.

To inquire about assistance and placement at other emergency or transitional facilities, try calling the United Way resource bank 211 Maryland by dialing 2-1-1.



Application for Emergency Housing

Date: ____/____/____

Application Received By:

CTK

Name: _____

Gender: _____

Race: _____

Date of Birth: ____/____/____

Social Security Number: X X X - X X - _____

Circle all that apply, current and/or history of:

Mental Illness Yes No

Alcohol Abuse Yes No

Substance Abuse Yes No

HIV/AIDS Yes No

If yes, date of last **HIV related** medical appointment: ____/____/____

Physical Disability Yes No

Do you require special accommodations? If yes, explain:

Veteran Yes No

Income Source: _____

Monthly Income: _____

Insurance: _____

Where did you stay last night? _____

Previously a resident at Project PLASE: Yes No

Contact Phone Number: (_____) _____ - _____

Additional Contact Number: (_____) _____ - _____

Office Notes:

Medical

Facility Name: _____

Doctor's Name: _____ Phone: (_____) _____ - _____

Address: _____

Medical Conditions: _____

Mental Health

Have you ever received or are you currently receiving mental health treatment? *Yes* *No*

If yes, diagnosis: _____

Facility Name: _____

Doctor's Name: _____ Phone: (_____) _____ - _____

Address: _____

Substance Use

Have you ever abused alcohol, prescription drugs, or illegal drugs? *Yes* *No*

If yes, substance or substances used: _____

Are you currently using? *Yes* *No*

What date did you last use? _____/_____/_____

Are you currently involved in an outpatient drug treatment program? *Yes* *No*

If yes, where: _____

Have you ever been in treatment before? *Yes* *No*

If yes, when and where: _____



Consent for Release of Information

To: _____

Name: _____ DOB: _____ SS#: _____

I hereby authorize _____ to release and/or receive the following information to and/or from Project PLASE, Inc. in writing or verbally as may be requested:

- Financial/Employment/Payroll Information
- Benefit/Grant Records
- Medical Information/Records
- Mental health assessments and diagnoses, including mental health history and current medication listing
- Program participation information, including participation in shelter, transitional housing, mental health treatment, substance abuse treatment and recovery facilities

Information may be released to and/or received from:

Project PLASE, Inc.

 1814 Maryland Avenue

 Baltimore, MD 21201
Telephone #: (410) 837-1400 x221
Fax #: (410) 505-1255

I understand that this information will be used to determine my eligibility for benefits and services, as well as to provide ongoing supportive services.

I understand that my records are protected under the Federal confidentiality regulations and cannot be disclosed without my written consent. I also understand that unless this consent is revoked by me in writing, it is valid for twelve (12) months from the date of my signature.

THIS DOCUMENT IS A RELEASE. READ IT CAREFULLY BEFORE SIGNING.

Signature

Date

Witness

Date



Ryan White Referral Form

Date: _____

I am referring:

Client Name: _____

Date of Birth: ____/____/____

Social Security #: _____ - _____ - _____

for emergency housing at Project PLASE, Inc.

I assist in coordinating care for this client and I certify that this client is homeless and obtaining housing is essential to their ability to gain and/or maintain access to **HIV-related** medical care or treatment.

Signature of Referral Source

Printed Name and Credentials

Referral Agency