



## Medical conditions & medications

Please list all medical conditions:

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Participants must have a five day supply of all medications to enter shelter. Please list all medications and dosage:

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Any other information we need to know:

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Fax this completed form to (215) 685-3729 or (215) 685-3728 Monday to Friday 8 a.m. to 5 p.m.  
**Someone will call you to confirm acceptance.**

If you have any questions, email  
OHSRDCIntake@phila.gov or call (215) 686-5671.

### OHS use only

Staff name: \_\_\_\_\_

Accepted: Yes | No | Pending