

Transition Food and Shelter Doctor's Note

Please fax to 805-221-6925

Date: ____/____/____

Your patient's Name: _____

Please state reason for transitional housing or why they cannot go to the shelter:

Please provide the Length of time needed:

Beginning on: _____

Will there be any special needs or assistance that needs to be provided by someone else?

Signed _____

Printed: _____

Doctor's Phone: ____ - ____ - _____

Please note that the housing provided by TFS is limited. There are only a few beds for all of San Luis Obispo County residents. These beds need to be prioritized for the medically fragile. These beds are for the homeless patients that cannot be managed in the shelter setting. Thank you for your support.