

COVID Care Program

Overview & Referral Process

What is the COVID Care Program?

The Health Department's COVID Care Program is for residents who have been exposed to COVID-19 or who are COVID-19 positive.

The program will help people:

- With social service needs, including:
 - Connecting to health insurance, medical care, and mental health care at a Federally Qualified Health Center
 - Food
 - Living situation
 - Utilities
 - Transportation, and other needs

- With isolation and quarantine:
 - The County will deliver COVID Care Kits to the homes of people who consent
 - COVID Care Kits include PPE, cleaning supplies, tissues, toilet paper, and educational materials
 - Food insecure residents will also receive a 2-week supply of food, including fresh produce, canned goods, and kitchen staples like bread, tortillas, and rice

If you are aware of Prince George's County residents who have tested positive for or who were exposed to COVID-19 and need services, please refer them to the COVID Care Program at COVIDcare@co.pg.md.us using the attached form.

People who qualify will be contacted by a Community Health Worker from the Prince George's Healthcare Alliance. **Please encourage those you refer to answer the phone when they receive a call.**

Prince George's County Health Department COVID Care Program Referral Form

NAME: _____ Today's Date: _____

DOB: _____ BEST PHONE #: _____

STREET ADDRESS: _____ ZIP CODE: _____

EMAIL: _____

How do you identify your gender? Male Female Transgender Male

Transgender female Other (specify)

RACE

Hispanic/Latino: Yes No

Needs Primary Care Provider? Yes No

Needs Health Insurance? Yes No

Needs Support during Quarantine? Yes No

Prince George's County resident? Yes No

If you choose to isolate at home, the County has program to support eligible residents during their isolation period. This program is called COVID Care. The COVID Care Program can help County residents with their needs while they are sick. Do you consent to have your information shared with the Prince George's Healthcare Alliance, who will contact you if you qualify for the program? Yes No

Additional Information:

Preferred Language: _____

Organization Referring

Person Referring:

Phone Number:

