OPENTABLE®
RELATIONSHIP TRANSFORMS COMMUNITIES™

Network Table Priority Support Referral Form

The Network Table is made up of community volunteers who want to help you meet one important need in your life. This is not a service or a program, it is a group of community members that want to help! Once a solution is available, the Table will connect you to that solution.

Social Worker/Referral Contact

Name:

Email Address:

Phone Number:

Referral Organization:

Friend Name & Contact Information

Name:

Email Address

Phone Number:

Primary Language Spoken:

Age:

Street Address:

City: **State:** **Zip:**

Additional Information

Please share anything that might help the Network Table immediately gather resources. Is the Friend a veteran? Is the Friend a migrant worker or farm worker? Does the Friend have insurance? Is the Friend experiencing homelessness? Anything that could help the Table identify resources would be helpful!

Network Table Volunteers will need to contact you to help you get your needs met. Which communication style would you prefer?

☐ Text Message ☐ Phone Call ☐ Video Conferencing (Zoom, FaceTime, Teams)

Friend's Advocates

Does the Friend have family members or friends who are involved in their care? Is there someone close to the Friend that they would like to be part of the referral process or to work with the Table as they address the Friend's need?

☐ Yes ☐ No

Name:

Email Address

Phone Number:

Priority Support Information

Which of the following categories best describes your need? You may check all that apply.

☐ Aging/Disability/DME/EMOD
☐ Behavioral Healthcare/Toxic Stress
☐ Child Care
☐ Education Access & Quality
☐ Emergency Disaster Resources
☐ Employment/Job Training
☐ Expungement/Legal Services
☐ Financial Insecurity
☐ Food Insecurity
☐ Goods/Clothing
☐ Health Literacy
☐ Healthcare Access & Quality
☐ Homelessness
☐ Housing Instability
☐ Inadequate Housing/Utilities
☐ Interpersonal Safety
☐ Language Barriers
☐ Medication
☐ Neighborhood & Built Environment
☐ Social & Community Supports
☐ Substance Use/Rehabilitation
☐ Technology Access
☐ Transportation Insecurity
☐ Youth Services
Other

Of all the needs you checked off, which one would you say is the most important right now?

Describe the specific need you have right now. What do you most need help with?

Consent for Participation with The Open Table Network Table

I, understand I am voluntarily agreeing to participate with the organization The Open Table. I also understand that I cannot be compelled to accept services. This consent form must be reviewed and agreed to either verbally or in writing prior to the initiation of the Network Table process. If I choose not to consent, I will not receive services from The Open Table at this time. I also understand that I cannot be compelled to accept this invitation by Open Table. This does not limit me from participating in the future. I also understand that once I consent to services, I can revoke at any time.

I have been informed about Open Table/Network Tables. It has been explained that this organization is staffed primarily with volunteers who make up “Tables” and those volunteers will be in contact with me to find solutions in the community that might be able to meet my identified need. I understand that my name, contact information and summary of my need will be shared with the volunteers on the Network Table. I understand that I will be a part of the process in finding a solution to my identified need (priority support) and am under no obligation to accept the solution. However, if I do not accept the solution, the Table will close my priority support and move on to the next referral.

I understand that this is not a treatment program and Open Table does not market itself as a treatment model. Instead, Open Table provides training and support to members of the community to help find solutions that might help improve my well-being. In order that I might benefit from The Open Table model, I hereby provide consent to participate with a Network Table.

☐ This statement was read to the Friend over the phone and Friend gave verbal consent, after which a copy of this form was emailed to the Friend.

Friend’s Email Address:

☐ This statement was given directly to the Friend who read the statement and provides consent in the form of a signature below.

Name of Friend

Signature of Friend Date:

Open Table Staff Reviewing Consent: Date