



## Referral

Thank you for considering a referral to Residential Services Inc. (RSI). The following document requests information that assists with the screening of person being referred for services.

RSI provides Adult Foster Care, Child Foster Care, Board and Lodge, In-Home, ARMHS and Outpatient Counseling services, including Equine Assisted Psychotherapy and Equine Assisted Learning to adults and children with a variety of disabilities.

Our residential programs are located primarily in St. Louis County with the majority located in Duluth (15 adult foster care and ICF/MR homes). Eight additional residential settings are located in Brookston, Cook, Virginia, and Biwabik. RSI also operates seven adult foster care programs in Region 7E that include the Counties of Pine, Kanabec, Mille Lacs, Isanti, and Chisago.

In addition to our foster care settings, RSI provides In-Home, ARMHS and Outpatient Counseling Services that are delivered throughout St. Louis, Lake, Carlton, Mille Lacs, Kanabec, Pine, Isanti, Chisago and Itasca Counties. Call for details.

RSI accept referrals from other areas of the state, as well as other states. We accept a wide variety of referrals, which may include individuals who have experienced:

- Inadequate or inappropriate placements,
- Repeated failed placements,
- Complex behavioral or medical needs, or
- Long-term or repeated hospitalization or institutionalization.

Please fill out the following pages to the best of your ability and attach any supporting documents that will assist us in determining the level of support for the person you are referring.

You may need a release of information to provide us with the information requested. Please use your agency's form for obtaining such permission.

Once you have completed the attached referral form you may fax or mail to the following:

- By Fax:
  - For programs or services located in Northeastern Minnesota (St. Louis, Lake, Carlton, Cook and surrounding counties)
    - Fax: (218) 727-2893, ATTN: Referrals
  - For programs and services located in East-Central Minnesota (Chisago, Isanti, Itasca, Kanabec, Mille Lacs, Pine and surrounding counties)
    - Fax: (651) 674-5193, ATTN: Referrals
- By Mail:
  - For Northeastern Minnesota: Residential Services of NE MN, Inc.  
ATTN: Referrals  
2900 Piedmont Avenue  
Duluth, MN 55811-2915
  - For East-Central Minnesota: Residential Services of NE MN, Inc. – Region 7E Office  
ATTN: Referrals  
38625 14<sup>th</sup> Avenue  
North Branch, MN 55056

**Please feel free to call RSI's Referral Line with questions at (218) 733-9225 Ext. 2**

## Referral for Services Facsimile Cover Sheet

To: Residential Services of NE MN, Inc. (RSI)

Regarding: Referral for Services

Phone: (218) 733-9225 Ext. 2

Fax: (218) 727-2893: For programs located in Northeastern Minnesota (St. Louis, Lake, Cook and surrounding Counties)

(651) 674-5193: For program located in Central Minnesota (Chisago, Isanti, Itasca, Kanabec, Mille Lacs, Pine and surrounding Counties)

From: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Re: \_\_\_\_\_ Date: \_\_\_\_\_

Number of \_\_\_\_\_ pages including cover.

Direct or Route this Referral to:

- RSI – General (Will be Routed to the Appropriate Program Manager)
- Jenny Basta**, Regional Program Director, BI and MI Programs; Region 7E
- Nicole Lind**, Regional Program Director, BI and MI Programs, Board and Lodge; Iron Range
- Sue Carlsness**, Program Manager, DD and BI Programs; Duluth
- Liese Dombrovski**, Program Manager, ARMHS, Outpatient Counseling Services; Duluth
- Sheila Fetters**, Program Manager, DD and MI Programs; Duluth
- Roni Horak**, Program Manager, In-Home / Respite Program for Children; Duluth
- Joel Longtine**, Program Manager, BI and MI Programs and In-Home Program for Adults; Duluth
- Crystal Maki**, Program Manager, BI and MI Programs; Region 7E
- Terri McGillvrey**, Regional Program Director, DD, BI and MI Programs; Duluth
- Gigi Toman**, Program Manager, ICF/DD and FASD; Duluth

Notes: See also 'Mental and Behavioral Health Crisis Response Policy' \_\_\_\_\_

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**Referral Form**

**Demographic Information:**

Date: \_\_\_\_\_

**Person's Name:** \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnoses: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F      Birthdate: \_\_\_\_\_

**Case Manger:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring County: \_\_\_\_\_ Date services needed? \_\_\_\_\_

How did you hear about RSI? \_\_\_\_\_

MA Number: \_\_\_\_\_ SSN: \_\_\_\_\_

**Funding Types:**

| Type        | Approved | Possible | Type        | Approved | Possible |
|-------------|----------|----------|-------------|----------|----------|
| DD Waiver   |          |          | ARMHS       |          |          |
| CADI Waiver |          |          | Private Pay |          |          |
| BI Waiver   |          |          |             |          |          |
| AC Waiver   |          |          |             |          |          |
| EW Waiver   |          |          |             |          |          |

**Physical Accessibility Needs**

Wheelchair Accessibility \_\_\_\_\_ One-Level/No Stairs \_\_\_\_\_ Other, (Describe Below) \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**For RSI Use Only:**

Person Taking Referral Call: \_\_\_\_\_

Screening Date: \_\_\_\_\_

Screeners: \_\_\_\_\_

**Summary of Safety and Supervision Needs**

Does the person referred have support needs or risks in any of the following areas?

**Physical and Medical Health Needs:**

- Mobility (uses wheelchair, walker, unsteady gait etc.)
- Health/Medical (serious health conditions requiring skilled nursing care or supervision)
- Special diet
- Assistance with taking medications
- Sensory processing (impaired touch or sensory processing)
- Sight
- Hearing
- Speech

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Personal and Instrumental Activities of Daily Living**

- Dressing  Bathing  Hygiene  Eating  Toileting  Transfers/Positioning
- Money management (Need for assistance in safeguarding cash resources)
- Medical appointments
- Out of the home supervision
- Ability to manage activities of daily living: \_\_\_\_\_  
\_\_\_\_\_

- Need for family and community involvement \_\_\_\_\_  
\_\_\_\_\_
- Need for community, social, or health services \_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Home & Personal Safety**

- Requires 24-hour awake supervision
- Requires 24-hour setting with asleep staff
- Requires daily services or checks in private home
- Requires services less often than daily
- Need for protection

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Behavior Support Needs**

- Current or History of aggressive behavior towards others
- Current or History of injury to self
- Current or History of property destruction
  
- Current or History of refusing essential health care (diet, medications, personal care)
- Current or History of Verbal abuse
- Smoking  Alcohol  Drugs
- Impairments of judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Employment/Education**

- Need for vocational skill development
- Need for education
- Need for employment

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Legal Rights Restrictions**

- |  |  |
|--|--|
| <input type="checkbox"/> Conservator/Guardian                            | <input type="checkbox"/> Court-committed to Placement          |
| <input type="checkbox"/> Representative Payee                            | <input type="checkbox"/> Considered Mentally Ill and Dangerous |
| <input type="checkbox"/> Minor   | <input type="checkbox"/> On Probation                          |
| <input type="checkbox"/> Power of Attorney                               | <input type="checkbox"/> Restraining Order                     |
| <input type="checkbox"/> Provisional Discharge from Psychiatric Hospital | <input type="checkbox"/> Felony Conviction                     |

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**Additional Team Members**

**Legal Representative**

Name: \_\_\_\_\_ Relationship to Referred Person: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Primary Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\* Release of Information? Yes | No

**Other Contact or Family Member**

Name: \_\_\_\_\_ Relationship to Referred Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\* Release of Information? Yes | No

**Other Contact or Family Member**

Name: \_\_\_\_\_ Relationship to Referred Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\* Release of Information? Yes | No