



Referral

Thank you for considering a referral to Residential Services Inc. (RSI). The following document requests information that assists with the matching of the person referred for services to the appropriate service and/or program.

RSI provides the following services in the Northeastern area of the state of Minnesota. Please refer to our website at residentialservices.org:

<p>Basic Support Services</p> <ul style="list-style-type: none">• 24-hour emergency assistance• Adult companion services• Homemaker• Respite Care, in home or out-of-home	<p>Intervention Support Services</p> <ul style="list-style-type: none">• Behavioral support• Specialist services
<p>In-home Support Services</p> <ul style="list-style-type: none">• In-home family supports• Independent living skills training• Semi-independent living skills	<p>Residential Supports and Services</p> <ul style="list-style-type: none">• Foster Care services• Supported living services
<p>Supported employment Services</p> <ul style="list-style-type: none">• Supported employment services	<p>ARMHS & Outpatient Counseling Services</p> <ul style="list-style-type: none">• ARMHS• Therapy• Equine Assisted Psychotherapy• Equine Assisted Learning
<p>Board and Lodge</p>	

RSI also provides training on a number of person centered tools, including Person Centered Facilitation, Path and Picture of a Life.

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 mail it to the following address, or fax it using the fax cover sheet on the backside of this document:

Residential Services of NE MN, Inc.
ATTN: Referrals
2900 Piedmont Avenue
Duluth, MN 55811-2915

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) 206-8613: For programs located in Northeastern Minnesota (Northern St. Louis, Itasca, and surrounding Counties)

(218) 206-2957: For programs located in Northeastern Minnesota (St. Louis, Carlton)

(218) 206-8927: For program located in East Central Minnesota (Chisago, Isanti, Kanabec, Mille Lacs, Pine and surrounding Counties)

From: _____ Agency: _____

Phone: _____ Fax: _____

Re: _____ Date: _____

Number of pages including Fax cover page: _____

Direct or Route this Referral to:

- RSI – General** (Will be Routed to the Appropriate Program Manager)
- Jenny Odegard**, Regional Program Director, BI and MI Programs; Region 7E (East Central MN)
 - Kayla Westphal**, Program Manager, BI and MI Programs; Region 7E (East Central MN)
 - Nicole Lind**, Regional Program Director, BI and MI Programs, Board and Lodge; Iron Range
 - Crystal Maki**, Program Manager, BI and MI Programs; Iron Range
- Terri McGillvrey**, Regional Program Director, DD, BI and MI Programs; Duluth
 - Marie Anderson**, Program Manager, DD, BI, and MI, Duluth
 - Sue Carlsness**, Program Manager, DD and BI Programs; Duluth
 - Sheila Feters**, Program Manager, DD and MI Programs; Duluth
 - Joel Longtine**, Program Manager, BI and MI Programs and In-Home Program for Adults, Duluth
 - Ashley Preston**, Program Manager, DD, MI, Children, Children In-home; Duluth
 - Gigi Toman**, Program Manager, DD, FASD, Children & Adults, Duluth
- Alicia Hernandez**, ARMHS Services, ARMHS Treatment Director; Duluth
- Angela Ritacco**, ARMHS Services, ARMHS Treatment Director; Iron Range
- Roni Horak**, Behavioral Health and Counseling Services, Clinical Director

Referral Form

Demographic Information:

Person's Name: _____ Date: _____

Primary Diagnosis: _____

Current Residence/Placement: _____

Gender: ____ M ____ F Age: _____

Case Manager Name: _____ Phone: _____

Email: _____

Referring County: _____ Date services needed? _____

How did you hear about RSI? _____

Legal Guardian Name: _____ Phone: _____

Email: _____

Does this person have a person-centered plan? _____

What is driving their need for a different setting? _____

Important TO:

Help us get to know the individual. What is important to them?

1. Hobbies, interest, skills, routines: _____

2. Relationships, roommates, family: _____

3. Other (Such as location preference - rural/city) _____

Employment/Education Desires

___ Need for vocational skill development

___ Need for education

___ Need for employment

NOTES: _____

Transportation

Does this person need access to the bus lines? Yes _____ No _____

Important FOR:

The things that are "important for" an individual include such things as ADL's, special care needs, health and safety issues to keep in mind, what the team feels is important to assist the individuals)

Personal and Instrumental Activities of Daily Living

Dressing Bathing Hygiene Eating Toileting Transfers/Positioning

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

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: _____

Physical Accessibility Needs

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

NOTES: _____

Are there any allergies that may impact placement such as pets? If so, please specify:

Technology Opportunities to consider:

Adaptive Equipment: _____

Assistive Technology: _____

Alternative Overnight Supervision: _____

Funding Types:

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

For RSI Use Only:

Person Taking Referral Call: _____