Referral

Thank you for considering a referral to Residential Services of NE MN, 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 for more information.

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<th>Board and Lodge</th>
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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. 4
Referral for Services
Facsimile Cover Sheet

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

Regarding: Referral for Services

Phone: (218) 733-9225 Ext. 4:

Fax: (218) 206-8613: For programs located in Northeastern Minnesota, Iron Range (Northern St. Louis, Itasca, and surrounding Counties)

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

(218) 206-8927: For program located in East Central Minnesota, 7E (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)

___ Nicole Lind, Regional Program Director for Iron Range Programs (BI and MI Programs, Board and Lodge)

___ Terri McGillvrey, Regional Program Director for Duluth Programs (DD, BI and MI Programs)

___ Nicole Riley, Regional Program Director for 7E Programs, (DD, BI and MI Programs; (East Central MN)

___ 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:

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For RSI Use Only:
Person Taking Referral Call: ____________________________________________________________