



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 and east-central areas of the state of Minnesota. Please refer to our website at residentialservices.org

Basic Support Services	Intervention Support Services
<ul style="list-style-type: none"> • 24-hour emergency assistance • Individualized Home Supports without training • Respite Care, in home or out of home 	<ul style="list-style-type: none"> • Positive support services • Specialist services
	ARMHS & Outpatient Counseling
In-home Support Services	<ul style="list-style-type: none"> • ARMHS • Therapy
<ul style="list-style-type: none"> • Individualized Home Supports with family training • Individualized Home Supports with training • Semi-independent living skills 	<ul style="list-style-type: none"> • Equine Assisted Psychotherapy • Equine Assisted Learning
Residential Supports and Services	Employment Services
<ul style="list-style-type: none"> • Community Residential Services (Youth & Adult) 	<ul style="list-style-type: none"> • Employment Exploration Services • Employment Development Services • Employment Support Services

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 and Carlton counties)

(218) 206-8927: For programs located in 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:

	Nicole Riley , Regional Program Director for 7E Programs (DD, BI and MI Adult Programs)
	Nicole Lind , Regional Program Director for Iron Range Programs (BI and MI Adult Programs)
	Terri McGillvrey , Regional Program Director for Duluth Programs (DD, BI and MI Adult & Children Programs)
	Alicia Hernandez , ARMHS Treatment Director for Duluth ARMHS Services
	Angela Ritacco , ARMHS Treatment Director for Iron Range ARMHS Services
	Roni Horak , Clinical Director for Behavioral Health and Counseling Services, Equine Therapy

Referral: Demographics

Person:		Person Making Referral & (contact number)	
Support needed/ Service type:	<input type="checkbox"/> Community Residential Services: 24-hour awake; 24-hour with asleep staff <input type="checkbox"/> Individual Home Supports: daily services; services less often than daily <input type="checkbox"/> Respite care: In home; out of home <input type="checkbox"/> Intervention Support Services <input type="checkbox"/> Outpatient counseling <input type="checkbox"/> ARMHS <input type="checkbox"/> Equine therapy <input type="checkbox"/> Employment Services <input type="checkbox"/> Person-Centered Planning		
Location Preference:	<input type="checkbox"/> Duluth or surrounding areas <input type="checkbox"/> 7E (Mora; Pine City; Cambridge; North Branch; Princeton; Taylors Falls) <input type="checkbox"/> Northern St. Louis Co (Virginia, Hibbing, Cook)		
Current Residence: (Program Name, Address and Phone)			
Date of Birth:		Age:	
Sex:		Date Services Needed:	
Service/Funding Types:		Referring County:	
Diagnoses:			
Guardian:			
Legal Status: (Commitment or probation)			
Case Manager: (Agency, Contact, Address and Phone):		CADI Case Manager: (Agency, Contact, Address and Phone):	
What is driving their need for a different setting:			
Important TO:			
Hobbies & Interests:			
Transportation:	Does this person need access to the bus lines? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Roommate preference	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference How does this person get along with others?		

Important FOR:	
Physical Accessibility Needs:	<input type="checkbox"/> Wheelchair Accessibility <input type="checkbox"/> One-Level/No stairs <input type="checkbox"/> History of Falls <input type="checkbox"/> No Accessibility Needs <input type="checkbox"/> Other, (Describe):
Personal and Activities of Daily Living:	<i>Verbal or Physical assistance in the following:</i> <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Hygiene <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Transfers/Positioning (types: _____)
Health & Medical needs:	<input type="checkbox"/> Diabetes <input type="checkbox"/> Catheters <input type="checkbox"/> Tube feeds <input type="checkbox"/> Visual/hearing impaired <input type="checkbox"/> Oxygen <input type="checkbox"/> C-pap <input type="checkbox"/> Colostomy care <input type="checkbox"/> Seizures
Behavior Supports needs:	<i>Current or History of:</i> <input type="checkbox"/> Aggressive behavior towards others <input type="checkbox"/> Injury to self <input type="checkbox"/> Current or history of suicidal ideation and/or attempts <input type="checkbox"/> Property destruction <input type="checkbox"/> Elopement <input type="checkbox"/> Compliance with medication, dietary, personal needs, etc. <input type="checkbox"/> History of abuse (verbal, sexual, PTSD) <input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs

For Office Use Only: Person Taking this Referral Call: _____ Date: _____ _____ Action Taken: _____ <input type="checkbox"/> Emailed referral group <input type="checkbox"/> Emailed specific managers <input type="checkbox"/> Posted referral form on hosted <input type="checkbox"/> No current fit <input type="checkbox"/> Added to wait list

Part 2 (For office use only)
Referral: Matching Person to Program

This section is the specific program's Manager completing more follow-up on the above information.

Additional Information Gathered for the Important TO: Tell me more.....			
Does the person have a person centered plan		How did you hear about RSI?	
Relationships: family, friends:			
Cultural and Spirituality Preference:			
Employment/Education Desires:	<input type="checkbox"/> Need vocational skill development <input type="checkbox"/> Need for education <input type="checkbox"/> Need for employment		
Clarification on any important "TO" from initial referral:			
Additional Information Gathered for the Important FOR: Tell me more about.....			
Clarification on Important "For" from Initial referral (Personal needs; mobility, behavior supports):	<i>Describe Level of Assistance and Supports needed:</i>		
Clarification on Health & Medical Needs: <i>Jarvis, special diet, injections, etc.</i>			
Technology Opportunities to Consider:	<input type="checkbox"/> Adaptive Equipment: <input type="checkbox"/> Assistive Technology: <input type="checkbox"/> Alternative Overnight Supervision		
Funding and Staff Needs:	<i>Discussion points: base shared hours, individual hours, rate exceptions, etc.:</i>		
Other:			

Part 3

Referral: Preplacement Screening and/or Tour

This section is the specific program's Manager and Nurse completing