



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:

Basic Support Services <ul style="list-style-type: none">• 24-hour emergency assistance• Respite Care, in home or out-of-home• Night Supervision	Intervention Support Services <ul style="list-style-type: none">• Behavioral support• Specialist services
In-home Support Services <ul style="list-style-type: none">• I.H.S with family training• I.H.S with training• Semi-independent living skills	Residential Supports and Services <ul style="list-style-type: none">• Community Residential Services (CRS)
Employment Services <ul style="list-style-type: none">• Exploration• Development• Support	ARMHS & Outpatient Counseling Services <ul style="list-style-type: none">• ARMHS• Therapy• Equine Assisted Psychotherapy• Equine Assisted Learning
Housing Stabilization	

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 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 (CRS & In-home)
	Nicole Lind , Regional Program Director for Iron Range Programs (CRS & In-home)
	Terri McGillvrey , Regional Program Director for Duluth Programs (CRS & In-home)
	Alicia Hernandez , ARMHS Treatment Directors for Duluth ARMHS Services
	Angela Ritacco , ARMHS Treatment Directors for Iron Range ARMHS Services
	Roni Horak , Clinical Director for Behavioral Health and Counseling Services, Equine Therapy
	Elizabeth Filmore , Employment Services, Program Coordinator
	Joel Longtine , Housing Stabilization, Program Manager

Referral: Demographics

Person:		Person Making Referral & (contact number)	
Support needed/ Service type:	<input type="checkbox"/> Residential foster Care: 24-hour awake; 24-hour with asleep staff <input type="checkbox"/> In-home supports: daily services; services less often than daily <input type="checkbox"/> Respite care: In home; out of home <input type="checkbox"/> Homemaker or Adult companion services <input type="checkbox"/> Outpatient Counseling <input type="checkbox"/> ARMHS <input type="checkbox"/> Equine Therapy <input type="checkbox"/> Employment <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)			
<u>Case Manager:</u> (Agency, Contact, Address and Phone):		<u>CADI Case Manager:</u> (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

_____ Added to Wait list

Part 2

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:		

Residential Services of NE MN, Inc.

	___ Alternative Overnight Supervision
Funding and Staff Needs:	<i>Discussion points: base shared hours, individual hours, rate exceptions, etc.:</i>
Other:	

<i>For Office Use Only:</i>	
Regional Director or Program Manager name who took the matching information:	
Action taken:	<input type="checkbox"/> Email and discussion with Program Nurse & share referral form <input type="checkbox"/> Update referral spreadsheet on hosted <input type="checkbox"/> Moving forward with preplacement visit and/or tour



Part 3

Referral: Preplacement Screening and/or Tour
This section is the specific program's Manager and Nurse completing