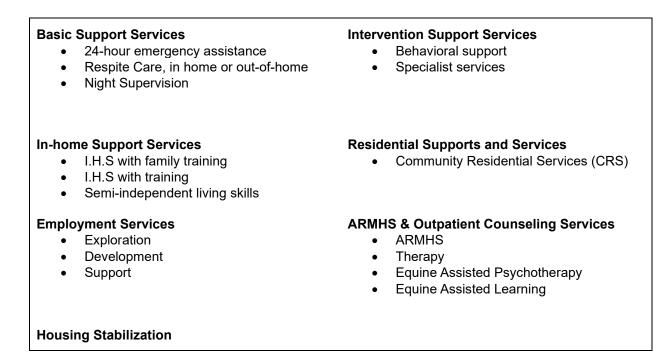


## Referral

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.

Nurturing Abilities

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



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) and Central Minnesota, 7E (Chisago, Isanti, Kanabec, Mille Lacs, Pine and surrounding Counties)

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

From:	Agency:
Phone:	_Fax:
Re:	_Date:

Number of pages including Fax cover page: \_\_\_\_\_

Direct or Route this Referral to:

Nicole Lind, Senior Director for Iron Range & Region 7E Programs (CRS & In-home)	
Shiela Bushey, Senior Director for Duluth Programs (CRS & In-home)	
Angela Ritacco, ARMHS Treatment Director for Iron Range and Duluth 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:	Residential foster Care: 24-hour awake; 24-hour with asleep staff         In-home supports: daily services; services less often than daily         Respite care: In home; out of home         Homemaker or Adult companion services         Outpatient Counseling         ARMHS       Employment         Equine Therapy       Person Centered Planning		
Location Preference:	<ul> <li>Duluth or Surrounding areas</li> <li>7E (Mora; Pine City; Cambridge; North Branch; Princeton; Taylors</li> <li>Falls, Sandstone)</li> <li>Northern St Louis Co (Virginia, Hibbing)</li> </ul>		
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?YesNo		
Roommate preference	Male Female No preference How does this person get along with others?		
	Important FOR:		
Physical Accessibility Needs:	Wheelchair Accessibility         One-Level/No stairs         History of Falls         No Accessibility Needs         Other, (Describe):		
Personal and Activities of Daily Living:	Verbal or Physical assistance in the following:         Dressing Bathing Hygiene Eating         Toileting Transfers/Positioning (types:)		
Health & Medical needs:	Diabetes Catheters tube feeds visual/hearing impaired oxygen C-pap colostomy care seizures		
Behavior Supports needs:	Current or History of:		

For Office Use Only: Person Taking this Referral Call:	Date:
Action Taken:	_
Emailed Referral Group	
Emailed Specific Managers	
Posted referral form on hosted	
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:	Need vocational skill development Need for education 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):	Describe Level of Assista	ance and Supports needed	1:
Clarification on Health & Medical Needs: Jarvis, special diet, injections, etc.			
Technology Opportunities to Consider:	Adaptive Equipmer Assistive Technolog Alternative Overnig	gy:	
Funding and Staff Needs:	Discussion points: base sha	ared hours, individual hours, i	rate exceptions, etc.:
Other:			

For Office Use Only:	
Regional Director or Program Manager name who took the matching information:	
Action taken:	Email and discussion with Program Nurse & share referral form Update referral spreadsheet on hosted 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