



Northland AFC Inc.  
5103 Ramsey St  
Duluth, MN 55807  
(218) 722-2585  
(218) 722-1935 – (fax)

### **Client Referral**

Thank you for considering a referral to Northland AFC Inc. The following document requests information that assists with the screening of your client for services.

Northland AFC provides Supported Living services to adults and teens with a variety of disabilities. Many of the referrals we receive are of individuals who have experienced:

- Inadequate or inappropriate placements
- Repeated failed placements
- Complex behavioral needs
- Long-term placement

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 your client.

Once you have completed the referral form, fax it to us at: (218) 722-1935

Please feel free to call with questions at (218) 722-2585.



Client Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Date of this Referral: \_\_\_\_\_ County of financial responsibility: \_\_\_\_\_

Gender M or F Birth date: \_\_\_\_\_ MMIS Number: \_\_\_\_\_

SSN: \_\_\_\_\_

Primary Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is housing needed: \_\_\_\_\_

Reason for Referral:

Assist with Mental Health Needs

Enhance Independent Living Skills

Less Restrictive Setting

Wants / Needs to move out of current setting

Court Committed

More Individualized approach needed

Needs a more structured residence

Other: \_\_\_\_\_

Funding types approved for this placement:

Type	Approved
GRH Only	
MR/RC Waiver	
CADI Waiver	
TBI Waiver	

**Request for information:**

To help Northland AFC Inc. better understand the needs of your client, we request current copies of;

- Individual Service Plan
- Risk Management Plan
- Psyc Evaluation
- Any addition evaluations that will help us better understand your client’s specific needs.

**Adolescents**

Northland AFC, Inc. requests copies of the following for juveniles;

- Immunization Records
- School Transcripts
- Individual Education Plan (IEP)

Please mail or fax Northland AFC this information following the submission of this client referral form.

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What type of residence does this client prefer/need?

In Town     Country     no preference

Any modifications; wheelchair accessible, lifts, handicap rails, single level dwelling, secured setting (alarms, ECT...)?

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## Summary of Safety and Supervision Needs

### **HEALTH**

- Mobility (uses wheelchair, walker, unsteady gait, ECT.)
- Health/Medical (serious health conditions requiring skilled nursing care or supervision)
- Special Diet
- Assistance with taking medications
- Sensory processing (impaired sight, hearing, touch or sensory processing)

Notes: \_\_\_\_\_

### **PERSONAL CARE (ADL)**

(Dressing, bathing, hygiene, eating, mobility, transfers, positioning, or using the toilet)

- Needs constant physical assistance or supervision for some/all personal care tasks
- Needs prompts or reminders to complete some/all personal care tasks
- Independent in ADL tasks

Notes: \_\_\_\_\_

### **INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)**

(Housekeeping, money mgt, managing appointments, menu-planning, grocery shopping, ECT.)

- Needs constant physical assistance or supervision for some/all IADL tasks
- Needs prompts or reminders to complete some/all IADL tasks
- Independent in IADL tasks

Notes: \_\_\_\_\_

### **Staffing Ratio**

- Requires 24-hour awake supervision
- 1:1
- 1:2
- 1:4

Notes: \_\_\_\_\_

### **COMMUNITY ACCESS**

- Needs constant supervision away from home
- Accesses community resources independently for short periods
- Accesses community resources independently

Notes: \_\_\_\_\_

**BEHAVIOR**

(Check needs / risks whether or not the result of behavior is intentional or unintentional)

- History of aggressive behavior towards others
- History of injury to self
- History of severe property destruction
- History of refusing essential health care (diet, medications, personal care)
- Rule 40
- EUCP

Notes: \_\_\_\_\_

**Legal and Rights Issues**

**Limitations on legal rights include:**

- Felony Conviction
- Representative Payee
- Provisional Discharge from Psychiatric Hospital
- On Probation
- Minor
- Court-committed to Placement
- Conservator/Guardian
- N/A
- Unknown

**Case Manager**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Primary Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

*Does Northland AFC have permission to contact this individual about the referral? Yes: No*

**Legal Guardian**

Name: \_\_\_\_\_ Relationship to Referral: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Primary Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

*Does Northland AFC have permission to contact this individual about the referral? Yes: No*

**Other Contact or Family Member**

Name: \_\_\_\_\_ Relationship to Referral: \_\_\_\_\_  
 Primary Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Person Making Referral)*                      *(Relationship to Referral)*                      *(Date)*