



Referral for Services

Date of Referral:		Requested Service Start Date:	
Identifying information			
Name:			
Date of Birth:			
Current Age:			
PMI #:			
Identified Gender:		Identified Race:	
Waiver type or billing source:		County of Financial Responsibility:	
Contact information			
<u>Person</u>		<u>Family/Guardian</u>	
Address:		Name:	
Phone:		Phone:	
Email:		Email:	
<u>Case Manager</u>		<u>Referral Source</u>	
Name:		Name:	
Phone:		Agency:	
Email:		Address:	
		Phone:	
		Email:	
Background information			
Why is this person being referred to Beacon for Services?			
What services is the person interested in receiving from Beacon Specialized Living?		<input type="checkbox"/> Foster Care-Adult or Minor (Group Home) <input type="checkbox"/> Respite Care-18 years or younger <input type="checkbox"/> Crisis Placement-MCCP referrals only <input type="checkbox"/> 1:1 In-Home Skills Based Family Support <input type="checkbox"/> Individualized Housing Option (IHO)	
What is most important to the person in seeking a service provider that is best for them?			
Briefly describe the things that other people like and admire most about the person?			
How can Beacon best support the person with any behavioral/medical/ongoing concerns?			
What skills does the person want to learn? What things would this person like to accomplish?			



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What supports does this person need to stay healthy?	
What supports does this person need to be safe at home and in the community?	
What staffing supports would be required?	<input type="checkbox"/> Residential 24 hour with Awake overnight staff <input type="checkbox"/> Residential 24 hour with Sleep overnight staff <input type="checkbox"/> Hourly/Intermittent/Unit based services. <input type="checkbox"/> Needs staffing aid in vehicle
Does the person have any legal issues that require consideration? (Sexual offender, felony convictions, other?)	
Is there anything else you would like us to know? Areas of natural support? Where the individual works? History of evictions or issues with credit? Roommate preferences? (Male/Female/co-ed/single occupancy)	

Please return to:

Beacon Specialized Living

Mnreferrals@beaconspecialized.org

1355 Mendota Heights Rd. Suite #260

Mendota Heights MN, 55120

Phone: 651-451-2889 / Fax: 651-451-5955