BEACON Specialized Living

REFERRAL FOR SERVICES

Date of Referral:	Requested Service Start Date:

Identifying information			
Name:		**SS #**	
Identified Gender:		**MA #**	
Identified Race:		**PMI #**	
DOB & Age:	DOB: / / AGE:	**Financial County?**	
Height &Weight	Ht: Wt:	**Billing Source?**	

Contact information	
Person:	**Parent/Guardian:**
Address:	Address:
Phone:	Phone:
Email:	Email:
Case Manager:	**Referral Source:**
Address:	Address:
Phone:	Phone:
Email:	Email:

Why is this person being referred to Beacon for services?

Background information	
What services are needed?	**What staffing supports would be required?**
☐ Foster Care-Adult or Child	☐ Residential 24 hour with Awake overnight staff
☐ Respite Care-5 to 17 years	☐ Residential 24 hour with Sleep overnight staff
☐ 90-day Crisis Stabilzation-5 to 17 years	☐ Hourly/Intermittent/Unit based services.
☐ 1:1 Individualized Home Based Supports	☐ Needs staffing aid in vehicle

About Me

Likes – What do I need in my life:

Dislikes – What do I not want in my life:

What does a Good Day look like:

What does a Bad Day look like:

Additional Comments:

Psychiatric/Medical Diagnoses	
Psych Diagnoses:	
Medical Diagnoses:	

Please list and describe any chronic health conditions:

What kind of medical support does this person need?

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How often does this person seek medical services or support?	
Does this person have any mobility or ambulation challenges we should be aware of?	
IDD Level:	☐Borderline ☐Mild ☐Moderate ☐Severe ☐Profound ☐RC ☐None
Additional Comments:	

Communication Style
☐Verbal ☐Limited ☐ASL ☐PECs ☐Written ☐No Functional Means of Communication
Additional Comments:
Self-Care/Hygiene Skills
☐Needs Full Assistance ☐Needs Verbal Prompts ☐Needs Occasional Reminders ☐Independent
Additional Comments:

Substance Use	
☐Smokes/Vapes	Alcohol: ☐None ☐Use ☐Abuse ☐Historical ☐Unknown
Illegal Controlled Substances: ☐None ☐Use ☐Abuse ☐Historical ☐Unknown	
Substance Type(s):	
Additional Comments:	

Interfering Behavior(s)	
Physical Aggression Towards Others	
Level of Risk: ☐High ☐Medium ☐Low ☐None Toward Whom:	Current Frequency & Duration of incidents:
Description of Behavior:	
Self-Injurious Behaviors	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Description of Behavior:	
Calling 911/Psychiatric Emergencies	
Level of Risk: ☐High ☐Medium ☐Low ☐None Toward Whom:	Current Frequency & Duration of incidents:
Description of Behavior:	
Suicidal Behaviors	
Level of Risk: ☐High ☐Medium ☐Low ☐None Has Made: ☐Threats ☐Attempts	Current Frequency & Duration of incidents:
Description of Behavior:	
Inaccurate Reporting	
Level of Risk: ☐High ☐Medium ☐Low ☐None Is Typically an Accurate Reporter: ☐Yes ☐No	Current Frequency & Duration of incidents:

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Description of Behavior:	
Interfering Sexual Behavior	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Known Sexual Trauma? Yes or No or Unknown	
Comments:	
Typically Targets: ☐Staff ☐Peers ☐Males ☐Females ☐Other (Describe):	
Sexual Offender? Yes or No	
Description of Behavior:	
Aggression Towards Property	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Description of Behavior: At grandmother's home	
Verbal Aggression	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Follows Through on Verbal Threats: ☐Yes ☐No	Towards Whom:
Description of Behavior:	
Elopes	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Where Does the Person Typically Go:	
Description of Behavior:	
Breaks Laws	
Level of Risk: ☐High ☐Medium ☐Low ☐None Has Made: ☐Threats ☐Attempts	Past or Pending Charges:
Police Involvement: ☐Yes ☐No	Combative Toward Officers: ☐Yes ☐No
Description of Behavior:	
Felony Convictions? Yes or No	
Probation Officer: Name:	Phone: Email:
EUMR Use	
Use: ☐Yes ☐No ☐Unknown	Current Frequency & Duration of incidents:

Please return to:

Beacon Specialized Living Referrals-MN@beaconspecialized.org

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