



COMMUNITY LIVING DEPARTMENT REFERRAL FORM

All form fields must be completed before submitting the form. If the form is submitted incomplete, an informational meeting will not be scheduled.

PLEASE PRINT

DATE OF REFERRAL: _____ SERVICES(S) REFERRED TO: _____
(Please indicate Waiver or County Funding)

REFERRED BY: _____ RELATIONSHIP: _____

AGENCY/ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

PERSONAL INFORMATION

NAME: _____ DOB: _____ PMI: _____

ADDRESS: _____ CITY/STATE: _____

ZIP CODE: _____ EMAIL: _____

PHONE: _____ CELL HOME WORK PHONE CONTACT NAME: _____

ALT. PHONE: _____ CELL HOME WORK PHONE CONTACT NAME: _____

WAIVER ELIGIBLE: YES NO TYPE: DD WAIVER CADI WAIVER ELDERLY WAIVER BI

DOES THIS INDIVIDUAL RECEIVE COUNTY FUNDING? YES NO (explain): _____

IS THIS INDIVIDUAL THEIR OWN GUARDIAN? YES NO (guardian name): _____

GUARDIAN PHONE: _____ GUARDIAN EMAIL: _____

DOES THIS INDIVIDUAL HAVE A DISABILITY? NO YES

DIAGNOSIS(ES)
& CODE:

DAY TREATMENT: YES NO WORK SCHEDULE: NO YES (explain): _____

WHAT ARE THE INTERESTS OF THIS INDIVIDUAL?

PROPOSED GOAL AREAS:

____ BUDGETING ____ MAIL ____ COOKING OTHER (explain): _____
____ PAPERWORK ____ CLEANING ____ MEAL PLANNING

ADDITIONAL INFORMATION/COMMENTS/CONCERNS:

PLEASE SUBMIT THIS FORM TO:

Reach for Resources

Attn: Hailey Haen

5900 Green Oak Dr., Suite 303, Minnetonka, MN 55343

FAX: 952-229-4468 / hhaen@reachforresources.org