

**Referral Form**  
**Service Recipient Information**



MN DHS Licensing Division  
245D-HCBS

www.perspectiveco-op.com  
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New York Mills, MN 5657

**Service Recipient Information**

**PERSON INFORMATION**

First name:		Last name:	
Admission Date:		Service Initiation Date:	
Date of Birth:	Gender:	Social security number:	
Address:	Phone number:	Cell number:	
Waiver Type:	Service Type:		

**INSURANCE INFORMATION**

Primary insurance number:	Medical Assistance number:
Medicare number:	Other insurance information:

**LEGAL STATUS**

responsible for self
  under guardianship
  under commitment

**CONTACTS**

Title	Name Phone Number, Fax, Email	Agency or Organization Address
Legal Representative		
Emergency Contact(s)		

Case Manager		
Primary Physician		
Health Care Provider		
Health Care Provider		
Other Service Provider		
Other Service Provider		
Other Service Provider		

**BACKGROUND INFORMATION**

Summary of current status, services already in place, and needs:
What kind of additional support do you think is most needed at this time?
Other relevant medical, social, or behavioral information:

Please obtain permissions and share the following records and documentation. This is necessary to expedite the functional assessment and formal positive support plan process, enables me to focus on the present moment when building relationships with clients and family members. DHS criteria for formal functional behavior assessment and positive support plans, require us to collaborate across disciplines and consider the complex history of the individual. I must document all the records and information that we use to make decisions about positive supports being implemented. Positive Supports are the team's collaborative plans to prevent, replace and teach new behavior to improve a person's quality of life, and reduce incidents and/or use of restrictive procedures.

- CSP, CSSP, and MNChoices Assessment Report
- Doctor visit reports and summaries for the past 1-2 years- diagnoses, medications, and target symptoms
- Psychiatric, diagnostic, cognitive and educational evaluation reports
- Incident reports
- Trauma history
- Major life changes and transitions
- Measurable data (number of incidents, dates/times/frequency, duration, etc.)