



AHL HealthCare Group, Inc.
At Home Living Facilities, At Home Living Facilities Metro,
BRIDGES to Success, Wesley Residence of Duluth
 4402 Haines Road Duluth, MN 55811 Phone: 218-728-1189 Fax: 218-722-2325



Referral Form/Initial Intake Screening

Complete to the best of your ability and fax/mail to:

Duluth Area: Dustin Krech (AHL Foster Care) Jen Anderson (BTS/Community referrals)
 4402 Haines Rd. Duluth, MN 55811 Fax: 218-722-2325

Metro Area: Sarah Dearhamer (AHL Foster Care Anoka, Washington, Sherburne counties),
 Phillip Berg (AHL foster care Hennepin county), Gilda Jones (BTS/Community referrals)
 Katherin Roloff (Adult Day Program)

1200 Osborne Rd Fridley, MN 55432 Fax: 763-786-4365

You can also visit our website at www.athomeliving.org

Demographic Information

Name:	Would like services by:
Current address:	
Seeking what services: <input type="checkbox"/> Adult foster care <input type="checkbox"/> Community/unit-based <input type="checkbox"/> Adult Day Program	
Reason for referral:	
Where did you hear about our services?	
DOB:	SSN:
MA #:	Medicare #:
Funding Source:	Co. of financial responsibility:
Primary diagnosis:	Primary diagnosis code:
Other diagnosis:	

Contacts (include name, address, phone, and fax)

Case Manager:	
Guardian:	
Other:	

Expectations of staff (What services do you want to see us provide/what is the goal for placement, etc.)

***Feel free to attach any documents that may have the following information**

<p>Social History (ie: family history, previous placements, employment history, support systems, etc.)</p>	
<p>Psychosocial Status (ie. Awareness level, personal care needs, need for privacy or socialization)</p>	
<p>Medical/Personal Hygiene Needs (ie. diabetes mgmt, dietary needs, hx communicable disease, incontinence, need for privacy, etc.)</p>	
<p>Functional Status (ie. Endurance and capability for ambulation, transfer, and managing activities for daily living)</p>	
<p>Vulnerabilities /Risk Management (ie. Communication, abuse, financial, safety, mobility)</p>	

<p>Behavioral Summary (ie. SIB, aggression, property destruction, elopement, drug/alcohol use, sexual behavior, etc.)</p>	
<p>Physical Status (Based on observation)</p>	
<p>Supervision Expectations</p>	<p><input type="checkbox"/> Can come and go from home/day center as they please (no supervision)</p> <p><input type="checkbox"/> Can leave unsupervised for up to ___ hours at a time</p> <p><input type="checkbox"/> Must have staff available to them at all times</p> <p>Notes:</p>
<p>Safety Check Expectations</p>	<p>Visual Safety checks to be completed every ___ min/hrs during waking hours and every ___ min/hrs during sleep hours</p> <p>Capable of self-preservation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>

Additional Information (Include any information you feel is important for us to know about this individual)

Signature of individual making the referral

Date