



Steps For Change - Adult Residential Referral Form

DOC: Submit to Tracy Mitchell, Program Administrator, at tracy.mitchell@stepsforchange.us

DOCCR: Submit to Danielle Kuefler at danielle.kuefler@hennepin.us

If a section is mandatory and either doesn't apply or you don't have the information please note that

Date: _____

Name:	DOB:	Sex:
Address:	Phone number:	
Driver's license or Minnesota state identification number:		
Social Security Number: _____		
*this is needed to process the paper-work for housing support		

Name of supervising agent:	Name of referring person/agency:
Phone:	Phone:
Email:	Email:
	Jurisdiction:
	<input type="checkbox"/> DOC
	<input type="checkbox"/> Hennepin <input type="checkbox"/> Anoka <input type="checkbox"/> Ramsey <input type="checkbox"/> Carver
	<input type="checkbox"/> Wright <input type="checkbox"/> Other: _____
	<input type="checkbox"/> DOCCR
	<input type="checkbox"/> Private pay
Proposed length of placement:	Conditions of Placement:
<input type="checkbox"/> 12-15 months	
<input type="checkbox"/> Other _____	

Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> n/a	On ISR <input type="checkbox"/> yes <input type="checkbox"/> no	MnSTARR Score For Sex Offense Recidivism:
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Reason or referral / Areas of concern:

Current Sources of Income (This info is required for housing eligibility, and will slow down the process if not filled out)

SSI
 General Assistance (GA)
 Snap
 None

MAXIS number (if already receiving state assistance):

Medical and Health Insurance Policies

Dental insurance carrier	Policy number	Group ID
Medical insurance carrier	Policy number	Group ID

Additional policies:

Dietary restriction:	Present medications:
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Mental health / substance abuse issues:

Special Medical Problems or Needs (e.g., wheelchair bound, schizophrenia, upcoming surgeries, diabetes, heart failure etc.):

<u>Emergency contact name:</u>	<u>Phone number:</u>
<u>Emergency contact name:</u>	<u>Phone number:</u>

*One emergency contact is required.

Documentation to attach to include with this form:

- Documentation detailing offense(s)
- PSI
- Release of Information
- Psychosexual Evaluation
- MnSTARR Assessment

<u>SFC-AR staff name</u>	<u>Signature</u>	<u>Date</u>
<u>Referral source name</u>	<u>Signature</u>	<u>Date</u>

*per statute, referral forms must be signed by the referring party