

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: **Phone:** **Email:**	**Name of referring person/agency:** **Phone:** **Email:** **Jurisdiction:** ☐DOC ☐Hennepin ☐Anoka ☐Ramsey ☐Carver ☐Wright ☐Other:_____ ☐DOCCR ☐ Private pay
Proposed length of placement: ☐ 12-15 months ☐ Other_____	**Conditions of Placement:**

Level 1 ☐ 2 ☐ 3 ☐ ☐ n/a	**On ISR** ☐ yes ☐no	**MnSTARR Score For Sex Offense Recidivism:**

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:**	
Mental health / substance abuse issues:		
Special Medical Problems or Needs (e.g., wheelchair bound, schizophrenia, upcoming surgeries, diabetes, heart failure etc.):		

Emergency contact name:	Phone number:
Emergency contact name:	Phone number:

*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

SFC-AR staff name	Signature	Date
Referral source name	Signature	Date

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