Link Home Care

CONNECTING CARE · TO HOME

Client Referral Form

5201 Eden Ave, Ste 300, Edina, MN 55436 · (612) 205-4148 · Linkcaremn@gmail.com

1 · REFERRAL INFORMATION

Referred by (agency / county)

Contact person

Telephone

Fax

Date of referral

Email

2 · CLIENT GENERAL INFORMATION

Client first name

Client last name

Date of birth

PMI number

SSN

Street address

City

State

ZIP

Client phone

Gender ☐ Male ☐ Female ☐ Other

Program ☐ CADI ☐ BI ☐ DD ☐ CAC ☐ EW ☐ AC ☐ MA only (CFSS) ☐ Other

Race / ethnicity (all that apply)

☐ Caucasian / White ☐ Black / African / African American ☐ American Indian / Alaska Native

☐ Asian ☐ Native Hawaiian / Pacific Islander ☐ Hispanic / Latino

☐ Do not respond

Emergency / family contact

Emergency contact phone

Primary physician for home care

Physician phone

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3 · TYPE OF SERVICE REQUEST (CHECK EACH SERVICE AND ENTER HOURS PER WEEK)

☐ 24-Hour Emergency Assistance			Hours/week
☐ Adult Companion Services			Hours/week
☐ Homemaker Services			Hours/week
☐ Individual Community Living Support (ICLS)			Hours/week
☐ Night Supervision			Hours/week
☐ Respite Care	☐ In-home	☐ Out-of-home	Hours/week
☐ Individualized Home Supports (without training)			Hours/week
☐ IHS with Training	☐ With training	☐ With family training	Hours/week
☐ CFSS (formerly PCA)	☐ New to CFSS	☐ From PCA	Hours/week

4 · MEDICAL INFORMATION

Diagnoses

Allergies

Protocols (seizure, diabetic, etc.)

Specialized dietary needs

Medical equipment, devices, or adaptive aids / technology used

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5 · SUPPORTING DOCUMENTS INCLUDED

☐ CSSP / Support Plan ☐ Supplemental Summary Chart ☐ MnCHOICES Assessment ☐ Other

Other document(s)

6 · MESSAGE TO THE INTAKE TEAM

Message

☐ I confirm I am authorized to share this client's information with Link Home Care LLC for referral and intake, and that the information provided is accurate to the best of my knowledge.

Referrer name

Date

Send this form and supporting documents to Linkcaremn@gmail.com

Questions? Call intake at (612) 205-4148. This form contains protected health information: send it securely.
Intake follows up within 24–48 hours.