BEYOND BRINK A NONPROFIT ORGANIZATION
314 Chestnut Street
Mankato, MN 56001
507-779-7091 office
507-779-7092 fax
wecovery@beyondbrink.com
www.beyondbrink.com

Referral Form

Today's Date: _____
Person/Agency making Referral: _____
Phone: _____ Email: _____

Name:(First & Last)_____DOB: _____
Phone:_____ Email: _____
Social Security Number: _____
Address:_____City: _____
State: _____ Zip: _____ County: _____
Homeless: Yes / No If yes, what county: _____

Do they have medical insurance: Yes / No
If Yes, Medical Insurance Company: _____
Insurance ID Number: _____ PMI Number: _____
(Please provide a copy of Insurance card if available)
If No, Have they applied for medical assistance? Yes / No

Would they like assistance with applying for medical assistance? Yes / No

Do they have a current Comprehensive Assessment indicating Peer Recovery Support? Yes / No
(If yes, please provide a copy)
If not, do they need assistance with obtaining a Comprehensive Assessment indicating Peer Recovery Support Services? Yes / No

Race/Ethnicity: _____ Gender: _____ Pronouns: _____
Preferred written language: _____ Spoken language: _____

Identify as a person in or seeking recovery? Yes / No
Identify as a person seeking support with mental Health? Yes / No

Drug of choice: _____
Are they on probation/parole? Yes / No
If yes, Agent's name: _____ Phone: _____

Do they have children: Yes / No Are they pregnant: Yes / No
Custody of children: Yes / No CPS Involvement: Yes / No
If yes, Name of Case Worker(s): _____
Phone:_____E-mail: _____

Type of Support Needed:

____Peer Recovery Support ____Support Meetings ___School Support/Navigation ___Job Search
____Resource Navigation ____Connections ____Sober Contacts ____Activities & Events
____Housing Resources ____Family Support ____Comprehenisive Assessment___Job Readiness

Peer Recovery Services is a Medicaid service and WEcovery is a Minnesota Health Care Provider. Help us to continue to provide our services to your clients by providing all the requested information above.

ALL ARE WELCOME HERE AND REGARDLESS OF INSURED STATUS, NO ONE WILL EVER BE TURNED AWAY!

Signature of Person completing this form: _____