



Referral Form – Enett Community Engagement Services

Submit Completed Form To: info@mnnnholdings.com



REFERRAL FORM

Today's Date: _____

Individual's Full Name: _____

DOB: _____

Medicaid #: _____

Waiver Type: ☐ FIS ☐ CL ☐ BI



Legal Guardian / Authorized Representative

- Name: _____
- Phone: _____
- Email: _____



Residential Provider / Home Info

- Agency Name (if applicable): _____
- Residential Address: _____
- City: _____
- State: _____
- ZIP: _____
- Contact Person: _____
- Phone: _____
- Email: _____



Support Coordinator Contact Information

- Name: _____
- Phone: _____
- Email: _____
- CSB: _____

Services Requested

☐ Non-Center-Based Day Support

☐ Other: _____

Capabilities / Areas of Independence

(Please check all that apply or provide brief details)

- ☐ Requires assistance with toileting
- ☐ Verbal communication
- ☐ Non-verbal (uses communication device or gestures)
- ☐ Ambulatory
- ☐ Uses wheelchair or walker
- ☐ partially blind
- ☐ Blind
- ☐ Manages basic hygiene independently
- ☐ Needs assistance with feeding
- ☐ Demonstrates appropriate behavior in community
- ☐ May require behavioral support (please explain below)
- ☐ needs total assistance
- ☐ Mostly staff assist
- ☐ Minimal staff assist
- ☐ Independent



Requested Start Date: _____



Additional Notes / Relevant Information

For Office Use Only

Date Received: _____

Reviewed By: _____

Referral Status: ☐ Accepted ☐ Denied ☐ Waitlist

Start Date (if applicable): _____