



Independent Endeavors LLC

**1303 South Frontage Road Suite 181
Hastings, MN 55033
651-600-7804**

Client Referral Form

Client name: _____

Client Address: _____

Gender:

- Male
- Female

Age: _____

Guardianship Status:

- Self
- Public Guardianship
- Private Guardianship

Type of Waiver:

- BI
- DD
- CAC
- CADI
- AC
- EW

What type of services does this individual receive under this waiver?

- Independent Living Skills
- In Home Family Support

- Homemaking Services
- Supported Living Skills
- Individual Community Living Supports
- 24 hour emergency assistance

Please answer the following questions in order to help us better understand the specific needs of each individual.

1. Reason that this individual is being referred for services?
2. Current Diagnoses.
3. How many hours per week does this individual need staffing? Does this individual have a preferred schedule (specific days/times)?
4. Activities that this individual needs assistance with. What type of activities does this individual hope to complete with staff?
5. Does this individual have specific preferences for staff?
6. Does this individual receive 24 hour emergency services?
7. To your knowledge, does this individual have a history of aggressive or violent behaviors? If yes, please explain.

8. Does this individual have any other specific needs that we should be aware of in order to make sure that our staff are trained adequately to ensure quality care (i.e. feeding tubes, ASL, transfers, etc.)?