



**INNOVATIONS, INC.**

1833 3<sup>rd</sup> Avenue  
Anoka, MN 55303  
Ph: 763-421-5535

2115B County Road D  
Maplewood, MN 55109  
Ph: 651-748-5019

7525 Mitchell Road, # 100  
Eden Prairie, MN 55344  
Ph: 952-224-2282

131 Carmichael Rd # 205  
Hudson, WI 54016  
Ph: 715-808-0607

121 5<sup>th</sup> Ave W.  
Alexandria, MN 56308  
Ph: 320-759-3096

FAX # FOR ALL HOME BASED REFERRALS: 651-925-0212

**Home-Based Services Intake Referral**

**Client Information**

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Soc. Sec# \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Caretaker: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Members of family or others living in the home: \_\_\_\_\_

**Parent/Caretaker Information**

Please list Parent's or Caretaker's names, addresses and phone numbers, if different from above.

Mother's Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian (if not parent): \_\_\_\_\_

**Referral Information**

Referral Source: \_\_\_\_\_ Agency/Division: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Social Services/Psychological involvement? \_\_\_\_ Yes \_\_\_\_ No If yes, \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Medications: \_\_\_\_\_

(IF CURRENT DIAGNOSTIC ASSESSMENT AVAILABLE, PLEASE SEND ALONG WITH THIS REFERRAL FORM, WITH SIGNED RELEASE OF INFORMATION INCLUDED)

Therapist Requested: \_\_\_\_\_ Urgent: \_\_\_\_ Y \_\_\_\_ N If yes, please describe: \_\_\_\_\_

Reasons for Referral: \_\_\_\_\_

**Financially Responsible Party:** (check either Medical Assistance, County Paid, or 3<sup>rd</sup> Party Insurance)

Medical Assistance \_\_\_\_  
MA#: \_\_\_\_\_, or  
PMAP ID# \_\_\_\_\_ and  
PMAP Group #: \_\_\_\_\_

County Paid \_\_\_\_  
SS#: \_\_\_\_\_

Insurance (3<sup>rd</sup> Party) \_\_\_\_  
Carrier: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
800 #: \_\_\_\_\_