BEACON Specialized Living
HOMETOWN SENIOR LIVING

REFERRAL FOR SERVICES

Date of Referral:	**Requested Service Start Date:**

Identifying information			
Name:		**SS #**	
Identified Gender:		**MA #**	
Identified Race:		**PMI #**	
DOB & Age:	DOB: / / AGE:	**Financial County?**	
Height &Weight	Ht: Wt:	**Billing Source?**	

Contact information	
Person: Address: Phone: Email:	**Parent/Guardian:** Address: Phone: Email:
Case Manager: Address: Phone: Email:	**Referral Source:** Address: Phone: Email:
Why is this person being referred to Beacon for services?	

Background information	
What services are needed? ☐ 24-Hour care- Full ADL assist ☐ 24-hour care- partial ADL assist ☐ 24 hour care dementia ☐ Respite Care	☐ ☐ ☐ ☐

About Me
Likes – What do I need in my life:
Dislikes – What do I not want in my life:
What does a Good Day look like:
What does a Bad Day look like:
Additional Comments:

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Psychiatric/Medical Diagnoses	
Psych Diagnoses:	
Medical Diagnoses:	
Please list and describe any chronic health conditions:	
What kind of medical support does this person need?	
How often does this person seek medical services or support?	
Does this person have any mobility or ambulation challenges we should be aware of?	
Additional Comments:	

Communication Style
☐Verbal ☐Limited ☐ASL ☐PECs ☐Written ☐No Functional Means of Communication
Additional Comments:
Self-Care/Hygiene Skills
☐Needs Full Assistance ☐Needs Verbal Prompts ☐Needs Occasional Reminders ☐Independent
Additional Comments:

Substance Use	
☐Smokes/Vapes	Alcohol: ☐None ☐Use ☐Abuse ☐Historical ☐Unknown
Illegal Controlled Substances: ☐None ☐Use ☐Abuse ☐Historical ☐Unknown	
Substance Type(s):	
Additional Comments:	

Interfering Behavior(s) Physical Aggression Towards Others	
Level of Risk: ☐High ☐Medium ☐Low ☐None Toward Whom:	Current Frequency & Duration of incidents:
Description of Behavior:	
Self-Injurious Behaviors	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Verbal Aggression	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Follows Through on Verbal Threats: ☐Yes ☐No	Towards Whom:
Description of Behavior:	
Elopes	
Level of Risk: ☐High ☐Medium ☐Low ☐None	Current Frequency & Duration of incidents:
Where Does the Person Typically Go:	

Please return to:

Beacon Specialized Living
Mnreferrals@beaconspecialized.org

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