

Fax to 612-262-6726 or email to [martha.clark@allina.com](mailto:martha.clark@allina.com) Thank you!

<b>CLIENT NAME</b>		<b>DOB</b>
Phone	2 <sup>ND</sup> Phone	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____
Address (include apartment number)		Is there a pet in the home?
Marital Status	Primary Language	Needs Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian	Phone	<b>*Must include guardianship order*</b>
Guardian Address		Guardian Email
Scheduling Contact		Phone
Emergency Contact		Phone

<b>CASE MANAGER</b>	<b>Phone</b>	<b>Fax</b>
Case Manager Email	County (CFR)	
Case Manager Agency	<b>Client MA #</b>	
<b>PMAP if HSS</b>	CDCS <input type="checkbox"/>	Agency:
Waiver Type BI / CADI / AC / CAC / DD / MSHO (or EW for HHS only)		

<b>PRIMARY PHYSICIAN</b> (first and last name)	
Primary Clinic	Phone

<b>CLIENT'S PRIMARY DIAGNOSIS</b>	<b>Onset Date</b>
Other Diagnoses	
Special Medical Concerns	
Criminal History?	

**GOALS for Services / Comments:**

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**SERVICES REQUESTED** \*\* indicate hours per week OR hours per month requested \*\*

**Housing Stabilization Services (HSS)**  Transition  Sustaining

**Individualized Home Supports with Training 1:1** H2014 UC U3 (CADI/BI/CAC/DD) \_\_\_\_\_

**Individualized Home Supports w/Training--Remote** H2014 UC U3 U4 (CADI/BI/CAC/DD) \_\_\_\_\_

**Employment Development** T2019 U3 \_\_\_\_\_  **Employment Support** T2019 U9 \_\_\_\_\_

**Specialist Services** T2013 \_\_\_\_\_

**Positive Support Services** (Behavioral Services)

Professional Assessment H2019 TG, usually 6 hours (CADI/BI/CAC/DD): \_\_\_\_\_

Analyst Hours H2019 (CADI/BI/CAC/DD): \_\_\_\_\_

Professional Hours H2019 TG (CADI/BI/CAC/DD): \_\_\_\_\_