Access North
Center for Independent Living of Northeastern Minnesota **www.accessnorth.net**
Assisting individuals with disabilities to live independently, pursue meaningful goals, and have the same opportunities and choices as all people.
1309 East 40th Street, Hibbing, MN 55746 • (218) 262-6675 • FAX (218) 262-6677
An Equal Opportunity Employer

Access North Referral Form for Services

EMAIL: referral@accessnorth.net

Date of Referral _____

Consumer Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

DOB_____ **Phone** _____ **Email**_____

Referring Agency/Case Manager (if applicable) _____

Phone Number _____ **Email** _____

Service Requested:

- ☐ Individual Community Living Supports (ICLS)
- ☐ Homemaker/Cleaning (No Modifiers)
- ☐ Respite
- ☐ Semi-Independent Living Skills (SILS)
- ☐ Individualized Home Supports (IHS)
  - ○ With Training
  - ○ Without Training
  - ○ With Family Training
- ☐ PCA Choice
- ☐ PCA Traditional

(Please proceed to Section II)

- ☐ CDCS Support Planning
  - ○ Estimated Budget Amounts _____
  - ○ Service Agreement Dates _____
- ☐ Benefits Planning
- ☐ Vocational Rehabilitation Services
  - ○ Attach Authorization and Universal Referral Form if applicable
- ☐ Independent Living Skills
- ☐ Ramp
- ☐ Home Modification

(Please send in referral)

Section II (for left-hand column services only)

Are you bringing a Direct Support Professional (DSP)? **Yes** ☐ **No** ☐

If yes, name of DSP: _____

Hours Requested per Week _____ **MA #** _____

***Please email MN Choice Assessment along with this form to: referral@accessnorth.net**

Please note that a referral made does not guarantee services, follow up is required to secure services.

10/2024