

# RTI SERVICE REFERRAL FORM

Please complete the requested PDF form below and email it to [referrals@rti-mn.com](mailto:referrals@rti-mn.com) or fax to 651.455.1385



**RTI**  
RESIDENTIALTRANSITIONS

## CLIENT INFORMATION

Client Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_  
First MI Last

Residential Address \_\_\_\_\_  
House Number & Street City State 9-Digit Zip County

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Guardian  Y  N If Yes, Guardian Info \_\_\_\_\_  
Name Email or Phone Number

Mental Health Diagnosis \_\_\_\_\_

## REFERRAL INFO

Date of Referral \_\_\_\_\_ Reason for Referral \_\_\_\_\_

County of Financial Responsibility \_\_\_\_\_

## CASE MANAGER INFORMATION

Case Manager Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## PAYEE INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_  
First Last House Number & Street City State Zip

## ADDITIONAL INFORMATION

Spend Down (please check)  Y  N Medical Assistance # \_\_\_\_\_

Managed Care Organization \_\_\_\_\_ Insurance ID \_\_\_\_\_

Medicare  Y  N

COMMUNITY SERVICES

24 Hour Emergency Assistance (Tier 4)

Individualized Home Supports with Training

\_\_\_\_\_ hrs.

Housing Stabilization: Transition \_\_\_\_\_ Sustaining \_\_\_\_\_

- Is client currently receiving HSS? Yes No

Positive Support Services

RESIDENTIAL SERVICES

*If you are submitting a referral for Residential Services, please complete the questions found on page 2*

SUPPORTIVE APARTMENTS PROGRAM

Dakota County

Ramsey County

ADULT FOSTER CARE / COMMUNITY RESIDENTIAL SERVICES

County Preference \_\_\_\_\_

NOTE: Send completed PDF Referral form to [referrals@rti-mn.com](mailto:referrals@rti-mn.com). Include any historical client documents please.

Residential Transitions Inc.  
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