DEPARTMENT OF HUMAN SERVICES

# Technology for HOME

A Project of MN DHS and LiveLife Therapy Solutions, Inc.

8100 Penn Avenue South, Suite 137, Bloomington, MN, 55437
Office: 952-921-8334 Fax: 952-921-8335 LLTSadmin@livelifetherapysolutions.com
www.TechnologyforHome.org

Live Life THERAPY SOLUTIONS

## Technology For Home Referral Form

Referral Date: ______ **PMI:** ______

**Person Making Referral**

Name: ______
Phone: ______

**Person Contact Information** DOB: ______

Name: ______
Address: ______
City: ______ Zip: ______
Phone: ______
Email: ______
County/Tribe: ______

**Primary Physician Contact**

Clinic: ______
Name: ______
Clinic Address ______
Phone: ______
Fax: ______

**Guardian Contact Information** (Address Same As Above) ☐

Guardian Name: ______
Relationship to Person : ______
Address: ______
City: ______ Zip: ______
Guardian Phone: ______
Guardian Email: ______

◯ Currently In Home ◯ Goal to be in own Home

Interpreter Needed: ______

**County/Tribe/Contracted Entity:**

______

Contact Name: ______
Contact Title: ______
Phone: ______
Email: ______
Fax: ______

Home Care Service

- ☐ Home health aide
- ☐ PDN
- ☐ SN
- ☐ PCA
- ☐ OT, PT, RT, or ST

Waiver Service ☐

- ☐ Brain Injury
- ☐ CAC
- ☐ DD
- ☐ CADI
- ☐ AC
- ☐ Elderly Waiver
- ☐ CDCS

Mental Health Service ☐ ARMHS

Other:

**Person Disabilities / Goals and Special Instruction:**

| **Predominant Diagnosis:** | ICD-10 code: |
|---|---|
| | |
| **Secondary Diagnosis:** | ICD-10 code: |
| | |
| | |
| | |

The findings above should be reviewed with any other professionals involved in your care, including your physician, occupational or physical therapist or speech pathologist. While there are many stores which may sell similar products, we recommend that you acquire your equipment from a dealer specializing in assistive technology. We have found that dealers who specialize in assistive technology are able to provide better selection and support than other retailers.

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## This Page - Office Use Only

**Person ID Number:**

**County/Tribe Contact ID Number:**

**AT Goal:**

**AT Activity:**

**Capability for Remote Assistance**

◯ SR ◯ KP
◯ JH ◯ KR
◯ Other

Received

**Next Steps**

- ☐ AAC Screen
- ☐ ECU Screen
- ☐ Not T4H. Referral made to correct service

**Referred to:**

Notes:

**Book for T4H**

☐ OT ☐ PT ☐ SLP ☐ ATP ☐ Team visit required

**Pre-visit Info and Equipment Needed:**

**Location of Consultation:**

☐ Home ☐ Work Place ☐ County/Tribal Office
☐ E-mail ☐ Video Conf ☐ Phone
Other:

☐ Steps and responsibilities in process discussed with Referrer: Assessment, Equipment, Training, etc.

Comments Regarding Calls, E-Mail, Follow up

**Policies Reviewed with Person:**

☐ Admission Criteria ☐ Grievance Policy ☐ Notice of Privacy Practices
☐ Service Termination/Suspension Policies ☐ Positive Supports Plan ☐ Mandatory Reporting Policy

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