

Coordinated Community Services Referral Sheet

Use this sheet to quickly refer clients to various services throughout the area.

Participating service providers contact information located on the back side of this sheet or at: www.lakesandpines.org

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| To/ From: _____ (Name of Staff Person/Department) Phone Number: (320)679.1800 ext. _____ Fax Number: (320)679.4139 Email: lap@lakesandpines.org |
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|--|--------------|----------------|------------------|------------------|-------|-----|--------------|-------|--------|--|--|--|
| To/From: _____ Phone Number: _____ Fax # _____ (Name of Staff Person/Department) | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">New Pathways</td> <td style="width: 15%;">APFY</td> <td style="width: 15%;">Salvation Army</td> <td style="width: 15%;">Veteran Services</td> <td style="width: 15%;">MAC-V</td> <td style="width: 15%;">DOC</td> </tr> <tr> <td>_____ County</td> <td>Pearl</td> <td>Refuge</td> <td></td> <td></td> <td></td> </tr> </table> | New Pathways | APFY | Salvation Army | Veteran Services | MAC-V | DOC | _____ County | Pearl | Refuge | | | |
| New Pathways | APFY | Salvation Army | Veteran Services | MAC-V | DOC | | | | | | | |
| _____ County | Pearl | Refuge | | | | | | | | | | |

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|--------------------------------------|---------------|---------------------------------|
| Release of Information (ROI): | Verbal | Written (please include) |
|--------------------------------------|---------------|---------------------------------|

Head of Household Name: _____ Date of Birth: _____

Other Adults: _____ Date of Birth: _____

Phone Number: _____ Receive/Prefer Text Messages? Yes No

Address: _____ County: _____ Email: _____

Veteran(s) Disabled-Nature of Disability: _____ Family with Children # of Children _____

Youth under 18 w/o an adult Ex-Offender – Nature of Charges: _____

REFERRAL FOR:

| | | | |
|--|--|------------------------------------|------------------|
| Rental Assistance – Do they have an Eviction Notice? | Yes | No | When: _____ |
| Mortgage Assistance – How many months behind? | _____ | | |
| Emergency Shelter – Where did they stay last night? | _____ How long? _____ | | |
| Food – Have they been to the local food shelf? | No, needs referral | Yes | |
| Are they currently receiving SNAP? | No, needs help applying | Yes | |
| Do they need food today? | Yes | No, needs food by this date: _____ | |
| Transp Assistance – Type of assistance: | Obtain/Maintain employment | Vehicle Repair | |
| Health Insurance Coverage (MNSure Application Assistance) | | | |
| Social Security App Assistance: | Homeless | Disabled | Retired Child |
| County Assistance: | Cash Assistance Emergency Assistance Programs | | |
| | Social/Child Protection/Mental Health | | Public Health |
| Energy Assistance – | shut-off | Refusal to delivery | |
| Home Repairs/Improvement - | Furnace | Roof | Well Septic |
| | Insulation/Weatherization | | Other: _____ |
| Budget Counseling/Financial Empowerment Workshop | Head Start/Early Childhood Educ | | |
| Income Tax Preparation | Adult Respite: | Chore Services | |
| SNAP Employment & Training: | Obtain/Maintain Employment | | |