



Northern Lights Community Residence

324 10th Street East
Thief River Falls, MN 56701
Phone: (218) 681-8706
Fax: (218) 681-2816

IRTS Case Manager
Referral Information

Please attach current LOCUS, Diagnostic Assessment,
and Functional Assessment if available.

Date:
Referral Source Name: Phone:
Referring Agency: Fax:
Case Manager if different than referral source:
County of Responsibility: Phone:

Recipient Information

Recipient Name: First Middle Last DOB:
Phone:
Gender: Male Female Marital Status: Single Married Divorced Separated Widowed
Home Address: Current Last Known Homeless Unknown SSN:
Street Apt City State Zipcode

Current Placement: Home Sanford TRF Inpatient Prairie St. John's Red River Behavioral Health
Altru Hospital CBHH: Other Inpatient:
Foster/Group Home: Other:
Current Placement Contact: Phone:
Legal Status: Voluntary Commitment Stay of Commitment Guardianship:
Community Psychiatric Provider: Name Clinic

Clinical Impression/Diagnosis:
Reason for Placement:
Goals for Placement:

## IRTS Case Manager Referral Information

Please attach current LOCUS, Diagnostic Assessment,  
and Functional Assessment if available.

Additional Information Pertinent to IRTS Placement (support system, cultural considerations, etc.):

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### Financial Information

Monthly Gross Income: \_\_\_\_\_ Reductions to Income: \_\_\_\_\_

Income Source(s):  Employment  Unemployment Insurance  VA Disability  Workmen's Compensation  
 GA  GMAC  RSDI  SSI  Social Security Pending  Retirement Fund

Employer if applicable: \_\_\_\_\_

Current Housing Resources:  Section 8 (HUD)  Bridges  Crisis Housing Fund  Other: \_\_\_\_\_  
 Application Approved  Application Approval Pending  Need to Complete Application

Recipient GRH Contribution to IRTS:  Recipient is aware and agrees  Recipient is aware disagrees

Recipient:  is own payee  has third party payee: \_\_\_\_\_

Payee Name and Phone

### Funding Source

Programming Funding Source:  Insurance  Rule 12 Funds (Documented Approval Needed)  Other: \_\_\_\_\_

Insurance Type:  MA  MA Pending  SMRT Pending  Minnesota Care  PMAP  Commercial or Private

MA PMI#: \_\_\_\_\_ Effective/Anticipated Effective Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Prior Authorization Required?  Yes  No

### THE FOLLOWING INFORMATION WILL BE REQUIRED PRIOR TO INTAKE:

- Copy of the court findings, if a recipient is on a full commitment or stay of commitment, which indicate the type of commitment as well as a copy of the provisional discharge;
- Copy of the completed NLCR "Preadmission Medical and Physical Requirements" form or equivalent current physical exam (within 30 days), to include medical history, immunization record, and a statement the individual is free of communicable disease, signed by a physician or qualified nurse practitioner; and
- Three day supply of medication and current prescriptions for all medications or confirmation from the local pharmacy that the prescriptions have been received and the pharmacy is able to fill the prescriptions, (NLCR uses Thrifty White Drug in Thief River Falls, 218-681-3132).

All residents must receive a baseline TB screening within 72 hours of admission or within 3 months prior to admission. Baseline TB screening consists of three components: (1) assessing the patient's risk factors for TB, (2) assessing for current symptoms of active TB disease, and (3) testing for the presence of infection with Mycobacterium tuberculosis by administering either a two step TST or single TB blood test.

