



1918 Park Ave, Minneapolis, MN 55404

PursuitHometel.com

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Referral for Board and Lodge

Email, fax, mail or drop off a completed form for consideration. Allow three business days for a response.

Client Information

Name: _____ Desired Reservation Date: _____

DOB: _____ Where is client currently residing? _____

Phone: _____ Email: _____

Expected funding: ☐ Housing Support (formerly GRH) ☐ SSI/SSDI ☐ Self-Pay ☐ Other:

Check all that apply:

☐ Chemical Dependency

☐ Physical Disability

☐ Criminal Record/Incarceration

☐ Illiteracy

☐ Mental Health Concerns

☐ Intellectual/Developmental Disability

☐ Chronic Homelessness

☐ Learning Disability

☐ Other:

Is the client on Parole or Probation?

☐ Probation

☐ Parole

☐ Neither

If yes, provide Agent/Officer's contact info below unless agent is making the referral.

Provide information for any boxes checked above and/or provide documentation:

Client History

Does client have any of the following convictions or level assignments? ☐ Yes ☐ No

-Arson

-Drug Sales/Manufacturing/Distribution

-Firearm sales/distribution

-Homicide

-Promoting/Profiting - Prostitution

-Level II or III Predatory or Sex Offender

Does client have history of IV Drug Use?

☐ Yes

☐ No

☐ Unknown

Is the client medication compliant?

☐ Yes

☐ No

☐ N/A

Is the client 30 days sober and able to pass a UA?

☐ Yes

☐ No

Has the client stayed at Pursuit in the past?

☐ Yes

☐ No

If yes, approximate dates: _____

Referring Professional Information

*Name: _____ Phone: _____

Title: _____ Email: _____

*Organization: _____ Send confirmation via: ☐ Phone ☐ Email

Will you continue working with client after placement? ☐ Yes ☐ No

If not, provide name and contact information of professional(s) working with client after placement:

☐ Check if you would like more information about Pursuit and/or Housing Support/GRH funding