



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  
Illiteracy  
Chronic Homelessness

  
  

Physical Disability  
Mental Health Concerns  
Learning Disability

  
  

Criminal Record/Incarceration  
Intellectual/Developmental 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