

# SEMCIL

SE MN Center for Independent Living, Inc.

## Community Access/Assistive Technology Referral Form

Return completed form to:

SEMCIL, ATTN: IL Referral

2200 2<sup>nd</sup> ST SW, Rochester, MN 55902

Email: [ilreferral@semcil.org](mailto:ilreferral@semcil.org) • Phone: (507) 285-3917 • Fax: (507) 288-8070

Referral Name:	Referral Agency:	
Referral Phone:	Referral Email:	Date of Referral:

**\*Please attach functional or diagnostic assessments and case documentation that would help us assist this consumer to achieve goals, including the MN Choices Assessment and PT/OT Evaluations.**

Consumer Information					
Last Name:		First Name:		Phone Number:	
Address:		City:		State:	Zip:
County:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		US Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian/Legal Rep:				Contact Number:	
Emergency Contact:		Relationship:		Contact Number:	
Primary Language:		Interpreter Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		MA/PMI #:	
Primary Disability:		Secondary Disability:		Diagnosis Code:	

Services Requested		
<b>Home Modifications:</b> <input type="checkbox"/> Ramp Purchase <input type="checkbox"/> Ramp Rental <input type="checkbox"/> Grab Bar Installation <input type="checkbox"/> Other:	<b>Environmental Accessibility Assessment (EAA):</b> <input type="checkbox"/> Assessment Report Only <input type="checkbox"/> Assessment Report to include: Work Scope and Contactor Bids	<b>Assistive Technology Resources:</b> <input type="checkbox"/> Assessment Report <input type="checkbox"/> Lab Tour <input type="checkbox"/> Device Demonstrations <input type="checkbox"/> Short Term Loan
<b>Is Property:</b> Owned <input type="checkbox"/> or Rented <input type="checkbox"/>		<b>If Rented, Owner Contact Information:</b>

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## List Accommodations Needed or Additional Information:

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## Provider Information

Case Manager:	County:	Phone:
Fiscal Management Provider (CDCS):		Phone:
OT/PT:	Company:	Phone:
Other:	Agency:	Phone:

## Financial Information

Source(s) of Income:	Waiver:	Spend Down?
<input type="checkbox"/> Employment	<input type="checkbox"/> CADI	<input type="checkbox"/> No
<input type="checkbox"/> SSI	<input type="checkbox"/> CAC	
<input type="checkbox"/> GA	<input type="checkbox"/> EW	<input type="checkbox"/> Yes
<input type="checkbox"/> SSDI	<input type="checkbox"/> DD	
<input type="checkbox"/> VA	<input type="checkbox"/> AC	<b>Amount: \$_____</b>
<input type="checkbox"/> Unknown	<input type="checkbox"/> BI	
<input type="checkbox"/> Other:	<b>Budget: \$_____</b>	

## Other Financial Information:

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