



# Access North

Center for Independent Living of Northeastern Minnesota

Assisting individuals with disabilities to live independently, pursue meaningful goals, and have the same opportunities and choices as all people.

1309 East 40<sup>th</sup> Street, Hibbing, MN 55746 • (218) 262-6675 • FAX (218) 262-6677

[www.accessnorth.net](http://www.accessnorth.net)  
An Equal Opportunity Employer

## Access North Referral Form for Services

EMAIL: [referral@accessnorth.net](mailto:referral@accessnorth.net)

Date of Referral \_\_\_\_\_

Consumer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Referring Agency/Case Manager (if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Service Requested:

- Individual Community Living Supports (ICLS)
- Homemaker/Cleaning (No Modifiers)
- Respite
- Semi-Independent Living Skills (SILS)
- Individualized Home Supports (IHS)
  - With Training
  - Without Training
  - With Family Training
- PCA Choice
- PCA Traditional  
(Please proceed to Section II)

- CDCS Support Planning
  - Estimated Budget Amounts \_\_\_\_\_
  - Service Agreement Dates \_\_\_\_\_
- Benefits Planning
- Vocational Rehabilitation Services
  - Attach Authorization and Universal Referral Form if applicable
- Ramp
- Home Modification

(Please send in referral)

Section II (for left-hand column services only)

Are you bringing a Direct Support Professional (DSP)? Yes  No

If yes, name of DSP: \_\_\_\_\_

Hours Requested per Week \_\_\_\_\_ MA # \_\_\_\_\_

\*Please email MN Choice Assessment along with this form to: [referral@accessnorth.net](mailto:referral@accessnorth.net)

Please note that a referral made does not guarantee services, follow up is required to secure services.