Prime Choice Home Care
Trusted Service. Committed to Care

Office: 651-460-0551 | Fax: 651-262-0015
Email: primechoice.hc@gmail.com
Address: 888 County Road D West,
Suite 300A New Brighton, MN 55112

Services Referral Form:

Select Service Type

- ☐ Individualized Home Supports (With training)
- ☐ Individual Community Living Supports (ICLS)
- ☐ Independent Living Skills
- ☐ CFSS (PCA)
- ☐ Personal Support
- ☐ In-Home Family Support
- ☐ Other (Specify)
- ☐ Night Supervision
- ☐ Adult Companion
- ☐ Other (Homemaking)

"Choice Referrals" Meaning we accept clients that have their own staff. Does client have their own staff? ☐ **YES** ☑ **NO**

Today's Date:

INDIVIDUAL'S INFORMATION

Full Name:	DOB (mm/dd/yyyy):	Sex: ☐ Male ☐ Female	
Address:	City:	State:	Zip:
Phone #:	MA #:	County:	

Waiver Type/Payment Source: ☐ DD ☐ CADI ☐ CAC ☐ AC ☐ Private Pay ☐ Other (list):

Are Medical Assistance and the waiver currently active? ☐ Yes ☐ No What is the renewal date:

Number of hours per week of services being requested:

Rate:

Availability:

Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Time							

When would you like to start services? As soon as possible

Guardianship Status: ☐ Self ☐ Other (list name & contact info):

CASE MANAGER INFORMATION

Prime Choice Home Care LLC values the presence, support and input of case managers on the support team. We ask that case managers coordinate and attend the intake meeting of the person being referred. Ensuring the best coordination possible for people taking the step towards full community integration is our goal.

Case Manager Name:	Phone #:		
County/Agency:	Fax #:		
Address:	City:	State:	Zip:
Email:			

Please fill out the form with as much detail as possible and return with a copy of the most current Coordinated Service and Support Plan (CSSP).

Email referral to primechoice.hc@gmail.com or fax to 651-262-0015