



1918 Park Ave, Minneapolis, MN 55404  
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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: <input type="checkbox"/> Housing Support (formerly GRH) <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other:		
Check all that apply:		
<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Criminal Record/Incarceration
<input type="checkbox"/> Illiteracy	<input type="checkbox"/> Mental Health Concerns	<input type="checkbox"/> Intellectual/Developmental Disability
<input type="checkbox"/> Chronic Homelessness	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Other:
Is the client on Parole or Probation? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Neither		
If yes, provide Agent/Officer's contact info below unless agent is making the referral.		
Elaborate on checked boxes from above and include any additional information:		
Client History		
Does client have any of the following convictions or level assignments? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is the client medication compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the client 30 days sober and able to pass a UA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the client stayed at Pursuit in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, approximate dates: _____		

Referring Professional Information	
*Name: _____	Phone: _____
Title: _____	Email: _____
*Organization: _____	Send confirmation via: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Will you continue working with client after placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, provide name and contact information of professional(s) working with client after placement:	
<input type="checkbox"/> Check if you would like more information about Pursuit and/or Housing Support/GRH funding	

Completed Form Rec'd \_\_\_\_\_