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**Referral for Board and Lodge**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |  | Physical Disability | | | | | | | |  | Criminal Record/Incarceration | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Illiteracy | | | | | |  | Mental Health Concerns | | | | | | | |  | Intellectual/Developmental Disability | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Chronic Homelessness | | | | | |  | Learning 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: | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  |

Email, fax, mail or drop off a completed form for consideration. Allow three business days for a response.