




CLIENT REFERRAL FORM
Information needed to schedule an appointment

This form is to be used to gather information prior to scheduling an appointment on Bridging's online referral and scheduling website: <http://appointmentquest.com/provider/2120069436>

If you leave some areas blank, Bridging may not be able to process this form.

Appointment Type	<input type="checkbox"/> In Person	Virtual <input type="checkbox"/> Google Meet/Duo <input type="checkbox"/> FaceTime <input type="checkbox"/> Staff Shops for Client
Preferred Bridging Location (select one)	Bloomington <input type="checkbox"/>	Roseville <input type="checkbox"/>
Appointment Time	9:00 a.m. <input type="checkbox"/>	10:30 a.m. <input type="checkbox"/>
AGENCY NAME	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%; text-align: center;">Click or tap here to enter text.</div> <div style="width: 25%; text-align: center;"> AGENCY ID: Click or tap here to enter text. </div> </div>	
Moving/pick up of items	Bridging to Deliver <input type="checkbox"/>	Client/agency to arrange <input type="checkbox"/>
Program/Department	Click or tap here to enter text.	
Caseworker Name	Click or tap here to enter text.	
Caseworker Phone Number	Click or tap here to enter text.	
Caseworker email	Click or tap here to enter text.	
Client First Name:	Click or tap here to enter text.	
Client Last Name:	Click or tap here to enter text.	
Client Preferred Name/ Pron		
Client Date of Birth:	Click or tap to enter a date.	
Client Address (include apartment #):	Click or tap here to enter text.	
Client City:	Click or tap here to enter text.	
Client State:	Click or tap here to enter text.	
Client Zip Code:	Click or tap here to enter text.	
County Client Lives In:	Click or tap here to enter text.	
Building- Client access code	Click or tap here to enter text.	
Primary Client Phone Number:	Click or tap here to enter text.	
Alternate Client Phone Number:	Click or tap here to enter text.	
Client Email Address	Click or tap here to enter text.	
Has client accessed Bridging services in the past?:	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Client Race/Ethnicity:	African <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>	
	Black or African American <input checked="" type="checkbox"/>	Hispanic <input checked="" type="checkbox"/>	Mixed Racial Background	
	White <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>	Prefer not to answer <input checked="" type="checkbox"/>	
Client Marital Status:	Single Separated Widowed or Divorced <input type="checkbox"/>		Married <input type="checkbox"/>	
Client Sex:	Transgender <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/> Prefer not to answer <input checked="" type="checkbox"/>	
Client Age:	Click or tap here to enter text.			
Household Size:	Click or tap here to enter text.			
Age of ALL others in household:	Click or tap here to enter text.			
How many children in the household are 17 and under?:	Click or tap here to enter text.			
Number of Bedrooms:	Click or tap here to enter text.			
Home Visit Completed: (Date)	Click or tap to enter a date.			
Completed Client Checklist:	Click or tap here to enter text.			
Client Yearly Income:	Under \$5 000 <input type="checkbox"/>	\$5 000 - \$9 999 <input type="checkbox"/>	\$10 000 - \$14 999 <input checked="" type="checkbox"/>	
	\$15 000 - \$20 000 <input type="checkbox"/>	\$20,000-24,999 <input type="checkbox"/>	\$25,000-29,999 <input type="checkbox"/>	
	\$30,000-\$34,999 <input type="checkbox"/>	\$35,000-39,999	Over \$40,000	
Was the client homeless?:	YES <input type="checkbox"/> NO <input type="checkbox"/>			
For how long was the client homeless?:	Less than 1 month <input type="checkbox"/>	1-3 Months <input type="checkbox"/>	4-12 Months <input type="checkbox"/>	
	Over 12 months <input type="checkbox"/>	Was not homeless <input type="checkbox"/>		
What brought the client to Bridging?:	Disability <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Foreclosure/Loss of Home <input type="checkbox"/>	Immigration <input type="checkbox"/>
	Job Loss <input type="checkbox"/>	Leaving Prison <input type="checkbox"/>	Medical Bills <input type="checkbox"/>	Mental Health <input type="checkbox"/>
	Natural Disaster <input type="checkbox"/>	Persistent Low Income <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	Bed Bug Infestation <input type="checkbox"/>
Does your client understand that the furniture is used?:	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Does your client understand that the furniture must be moved within 48 hours?:	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Will bring an interpreter?:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will bring assistant required due to mental health or physical limitations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Preference Form completed and submitted	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Who is paying for the appointment?:	Referring Agency <input type="checkbox"/>	Client or Other Paying Referring Agency <input type="checkbox"/>
	Client Paying Bridging <input type="checkbox"/>	Other Paying Bridging <input type="checkbox"/>
If OTHER, who is paying for the appointment?		
Who is paying for Delivery?	Referring Agency <input type="checkbox"/>	Client or Other Paying Referring Agency <input type="checkbox"/>
	Client Paying Bridging <input type="checkbox"/>	Other Paying Bridging <input type="checkbox"/>
If OTHER, Who is paying for Delivery?		
Is there an Elevator in the building?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
What floor does the client live on?		
Additional Notes:	Click or tap here to enter text.	
USED Beds Needed Household size of 1 - 4 = 1 bed, 5-6 = 2 beds, 7+ = 3 beds):	Click or tap here to enter text.	
NEW Beds/Frames needed? (YES/NO)	NA	
Who is paying for NEW Beds and Frames?	 NA	NA
	NA	NA
If OTHER who is paying for NEW items?	NA	
(Prices include sales tax) If AGENCY is paying is Agency tax exempt?	NA	
NEW Twin Mattress and Platform Frame Set (\$230 each)	NA	
NEW Full Mattress and Platform Frame Set (\$273each)	NA	
NEW Queen Mattress and Platform Frame Set (\$310 each)	NA	

