**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**](http://appointmentquest.com/provider/2120069436)

CLIENT REFERRAL FORM

Information needed to schedule an appointment

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Appointment Type | [ ]  In Person  | VIRTUAL [ ]  Google Duo [ ] FaceTime [ ] Staff Shops for Client |
|  | Preferred Bridging Location (select one) | Bloomington [ ]  | Roseville [ ]  |
|  | Appointment Time | 9:00 a.m. [ ]  | 10:30 a.m. [ ]  |
|  | AGENCY NAME | **MEDICA** | AGENCY ID:**N/A** |
|  | Moving/pick up of items | Bridging to Deliver [ ]  | Client/agency to arrange [ ]  |
|  | Program/Department | **N/A** |
|  | 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. |
|  | http://www.appointmentquest.com/rs/tp.gifClient First Name: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifClient Last Name: | Click or tap here to enter text. |
|  | Client Preferred Name/ Pron |  |
|  | http://www.appointmentquest.com/rs/tp.gifClient Date of Birth: | Click or tap to enter a date. |
|  | http://www.appointmentquest.com/rs/tp.gifClient Address (include apartment #): | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifClient City: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifClient State: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifClient Zip Code: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifCounty Client Lives In: | Click or tap here to enter text. |
|  | Building- Client access code | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifPrimary Client Phone Number: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifAlternate Client Phone Number: | Click or tap here to enter text. |
|  | Client Email Address | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifHas client accessed Bridging services in the past?: | YES [ ]  NO [ ]  |
|  | http://www.appointmentquest.com/rs/tp.gifClient Race/Ethnicity: | African [ ]  | American Indian or Alaska Native ☐ | Asian or Pacific Islander ☐ |
| Black or African American [ ]  | Hispanic [ ]  | Mixed Racial Background |
| White [ ]  | Other [ ]  | Prefer not to answer [ ]  |
|  | http://www.appointmentquest.com/rs/tp.gifClient Marital Status: | Single Separated Widowed or Divorced[ ]  | Married[ ]  |
|  | http://www.appointmentquest.com/rs/tp.gifClient Sex: | Transgender [ ]  | Male [ ]  | Female [ ]  | Prefer not to answer [x]  |
|  | http://www.appointmentquest.com/rs/tp.gifClient Age: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifHousehold Size: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifAge of ALL others in household: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifHow many children in the household are 17 and under?: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifNumber of Bedrooms: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifHome Visit Completed: (Date) | Click or tap to enter a date. |
|  | http://www.appointmentquest.com/rs/tp.gifCompleted Client Checklist: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifClient Yearly Income: | Under $5 000[ ]  | $5 000 - $9 999[ ]  | $10 000 - $14 999[x]  |
| $15 000 - $20 000[ ]  | $20,000-24,999[ ]  | $25,000-29,999 [ ]  |
| $30,000-$34,999 [ ]  | $35,000-39,999 | Over $40,000 |
|  | http://www.appointmentquest.com/rs/tp.gifWas the client homeless?: | YES [ ] NO [ ]  |
|  | http://www.appointmentquest.com/rs/tp.gifFor how long was the client homeless?: | Less than 1 month[ ]  | 1-3 Months[ ]  | 4-12 Months[ ]  |
| Over 12 months[ ]  | Was not homeless[ ]  |  |
|  | http://www.appointmentquest.com/rs/tp.gifWhat brought the client to Bridging?: | Disability[ ]  | Domestic Violence[ ]  | Foreclosure/Loss of Home[ ]  | Immigration[ ]  |
| Job Loss[ ]  | Leaving Prison[ ]  | Medical Bills[ ]  | Mental Health[ ]  |
| Natural Disaster[ ]  | Persistent Low Income[ ]  | Substance Abuse[ ]  | Bed Bug Infestation[ ]  |
|  | http://www.appointmentquest.com/rs/tp.gifDoes your client understand that the furniture is used?: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifDoes your client understand that the furniture must be moved within 48 hours?: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifWill bring an interpreter?: | YES [ ] NO [ ]  |
|  | Will bring assistant required due to mental health or physical limitations? | YES [ ]  NO [ ]  |
|  | Preference Form completed and submitted | YES [ ]  NO [ ]  |
|  | http://www.appointmentquest.com/rs/tp.gifWho is paying for the appointment?: | Referring Agency[x]  | Client or Other Paying Referring Agency[ ]  |
| Client Paying Bridging [ ]  | Other Paying Bridging [ ]  |
|  | If OTHER, who is paying for the appointment? | **Medica paying for all costs; see authorization letter** |
|  | Who is paying for Delivery? |

|  |  |
| --- | --- |
| Referring Agency[x]  | Client or Other Paying Referring Agency[ ]  |
| Client Paying Bridging [ ]  | Other Paying Bridging [ ]  |

 |
|  | If OTHER, Who is paying for Delivery? | **Medica paying for all costs; see authorization letter** |
|  | Is there an Elevator in the building? | YES [ ]  NO [ ]  |
|  | What floor does the client live on? |  |
|  | http://www.appointmentquest.com/rs/tp.gifAdditional Notes: | Click or tap here to enter text. |
|  | http://www.appointmentquest.com/rs/tp.gifUSED 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) | **N/A** |
|  | Who is paying for NEW Beds and Frames? | Referring Agency[ ]  | Client or Other Paying Referring Agency[ ]  |
| Client Paying Bridging[ ]  | Other Paying Bridging[ ]  |
|  | If OTHER who is paying for NEW items? | **N/A** |
|  | (Prices include sales tax) If AGENCY is paying is Agency tax exempt? | **N/A** |
|  | NEW Twin Mattress and Platform Frame Set ($199.08 each) | **N/A** |
|  | NEW Full Mattress and Platform Frame Set ($248.54 each) | **N/A** |
|  | NEW Queen Mattress and Platform Frame Set ($283.17 each) | **N/A** |