



IRTS Referral Request

Aspire Healing Home • Apple Valley, MN
Intensive Residential Treatment Services

REFERRAL SOURCE

Name: Agency: Date:
Phone: Email:

CLIENT INFORMATION

Client Name: DOB: County:
Gender: Language: Client Phone:
MA/PMI #: MA Status: ☐ Active ☐ Pending ☐ Unknown ☐ Needs App
Current Location: Primary MH Dx: SUD? ☐
Legal Status: ☐ Voluntary ☐ Hold ☐ Committed Case Manager: Guardian? ☐

FUNCTIONAL IMPAIRMENT (Check 3+ areas — 245I.23 Subd. 15)

☐ MH symptoms ☐ MH service needs ☐ Substance use ☐ Voc/Ed ☐ Social/Leisure
☐ Interpersonal/Family ☐ Self-care/ADLs ☐ Medical/Dental ☐ Financial ☐ Housing/Transport

WHY IRTS NOW? (Check at least one — 245I.23 Subd. 15)

☐ Recurring/prolonged hospitalizations past year ☐ Significant housing instability / homelessness
☐ Frequent MH service use with poor outcomes ☐ Likely crisis or more restrictive setting without IRTS

SAFETY SCREEN

☐ No current concerns ☐ SI (ideation) ☐ SH (self-harm) ☐ Aggression hx ☐ Elopement risk

Safety Notes:

TIMING & DOCUMENTS

Timing: ☐ ASAP ☐ Within 1 week ☐ Flexible
Can send: ☐ DA ☐ LOCUS ☐ FA ☐ Meds ☐ DC summary ☐ Other

MHP STATEMENT OF NEED (Required per 245I.23 Subd. 15(a)(5))

☐ I attest that, in my professional opinion as an MHP, this individual needs IRTS because:
☐ Available community-based services cannot meet their needs
☐ Without IRTS, likely to experience crisis or need more restrictive setting

MHP Name: Credentials: Date:

MHP Signature:

Minn. Stat. § 245I.23, subd. 17(b):

- We will respond within 8 hours and communicate what additional information is needed.
- We will make an admission determination within 72 hours of receiving all necessary information.

INTERNAL USE

Received: By: 8-hr response due:
MA Verified? ☐ Y ☐ N By: Date: 72-hr decision due: