



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: