

Lutheran Social Service of MN: Community Companion Service

Please return completed referrals to communitycompanion@lssmn.org or fax # 651-310-9449

MEMBER INFORMATION			
Name:		DOB:	
Address:		Member HP ID#:	
City/State/Zip:			
Member Phone #:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
To Schedule Visits Contact:	<input type="checkbox"/> Client <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other:		
Emergency Contact:		Phone:	Relationship:
Primary Language:		Interpreter Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter Vendor Name:	Kim Tong	Preferred Interpreter, if applicable:	
Member Dx Code:			
Open to Elderly Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Member's Living Arrangement:	<input type="checkbox"/> Alone <input type="checkbox"/> Congregate Setting <input type="checkbox"/> Homeless <input type="checkbox"/> Family / Other		
HOSPITAL RELEASE INFORMATION <i>(if making referral before discharge)</i>			
Discharge Date from Hospital:			
Reason for Hospitalization:			
AUTHORIZATION INFORMATION			
Referring Care Coordinator:		Referral Date:	
Care Coordinator Phone:			
Care Coordinator Email:			
Care Coordinator Right Fax Number:	952-853-8744		

List any supporting information below:

Additional health information that would be helpful to note for the Community Companion:

Additional notes and recommendations:

OFFICE USE ONLY

Assigned Community Companion:

Date of receipt of referral:

Estimated discharge date:

Date of first scheduled visit:

Member participating in LSS Meals:

Yes

No