



CRS Site Information

Contact Information:

Gabrielle Thompson CRS Director – Inquire regarding referral/discharge/program details/program concerns/program needs

218-464-4703 office line 1

218-464-4702 office line 2

218-464-4701 fax

Gthompson@ihduluth.com

* We look for any documentation giving us a clear picture of what the person needs to be supported with. This includes, but is not limited to current list of medication and medical needs (if applicable), CSSP A, CSSP, IAPP, SMA, Incident Reports, and Hospital Reports (if warranted)

Homes:

Grove House (Proctor) – capable of serving residents 18+ both Male and Female

Slate House (Cloquet) – capable of serving residents 18+ Female

Jackson House (Cloquet) - capable of serving residents 18+ both Male and Female

All sites are split level, four person settings (not a handicap accessible homes). Each person served will have their own bedroom with fresh supplies upon admit (sheets, set of towels, laundry basket, basic hygiene supplies, dresser, nightstand, and twin bed). We will ask what is needed upon admit.

Innovative Human Services has an unlicensed Activities Center which provides an array of activities based on interest of the group. Interim provides the funding to go on trips around the state for various activities. We attend annual three-day camping trips each year, canoe trips, Valley Fair, Apple Fest, Hayward, Ely Blueberry Fest, Ely Bear Conservation, and Ely Wolf Conservation to name a few. We also attend local events and offer local opportunities often.

IHS first began providing services in 2008, originally operating under “Interim Healthcare” until 2022. Individuals residing in the homes need intensive supports. Typically, the person served have varying mental disabilities which require varying levels of supports and services. Most individuals living at our AFC homes are prescribed psychotropic medications. These settings are licensed under 245D. IHS focuses on providing person centered care.

Referral Requests:

Please fill in the requested information.

Please email the following information to Gthompson@ihsduluth.com

Does this person have an active Waiver Yes No

If yes, please identify what type of Waiver and what County

| | |
|---|--|
| Name | |
| DOB | |
| PMI Number | |
| Social Security Number | |
| Current Placement/Contact Information (address and number) | |
| Current Pharmacy | |
| Dental Provider | |
| Eye Care Provider | |
| Psychologist/ Facility/ Contact Number | |
| Primary Care Physician/ Facility/ Contact Number | |
| Psych Physician/ Facility/ Contact Number | |

General Medical:

Please include a current signed list of medication orders.

| | |
|------------|-------------------------------|
| Height: | Incontinence: |
| Weight: | Med Compliant: |
| Allergies: | Consumes only edible objects: |

Please give a summary of where the individual is coming from/ why they are seeking this service/ behavioral incidents / notification of any threats the program should be aware of/ current notes on level of stability (generally any information that is going to help us serve the person to the best of our ability / training for staff) /any information health concerns that are pertinent to the care of the individual and safety of the others in the home.

Is this person on commitment and/or Jarvis? YES/NO

If so, please provide that supporting documentation.

Current signed list of medications

We would request at least 5-7 days of medications upon admit and/or established pharmacy prior to admission

Information on what personal needs money the person will obtain while in care/ flow of funding for this service (enter information here)

Other documentation required to complete the referral review: CSSP, IAPP, SMA, Progress Notes, Incident Reports, Frequency Reports, FA, DA (Any Current 245D Docs/Plans)

Team Members/Contact Information/ Role:

| Role | Name | Email | Phone |
|----------------------|------|-------|-------|
| Legal Representative | | | |
| Case Manager | | | |
| CADI Worker | | | |
| Rep Payee | | | |
| Family Member | | | |