



Referral Date: _____

North Star Community Services
Referral Form

Legal Name: _____

Residential Address: _____

Phone #: _____ Gender: _____ DOB: _____

Primary Diagnosis:

1) _____

2) _____

3) _____

Medicaid #: _____

Funding Source:

- BI Waiver County Social Services East Central Region Elderly Waiver
- Habilitation – Tier : _____ HD Waiver. ID Waiver – Tier : _____ IME
- Veterans Administration Self-Pay Other: _____

Service (check all that apply):

- Adult Day Care (ADC) CDAC Day Habilitation (DH) Respite
- Supported Living – Daily/site Supported Living - 15-minute/Hourly

Location (check all that apply):

- Canterbury (ADC – Waterloo) Newel Post (ADC – Waterloo)
- Vinton (DH) Waverly (DH) Waterloo (DH)
- Mason City New Hampton Vinton Waterloo Waverly

Referral Reasons/Expectations: _____

Guardian: _____

Payee: _____ SS# _____

Case Manager/Care Coordinator: _____

Other Agencies/Persons Involved: _____

Additional Helpful information: _____

Questions you may have: _____

** Please provide copy of current plan, social history, and SIS/InterRai Assessment.

Referrer's Name: _____

Address: _____

Email Address: _____

Phone #: _____ Agency: _____

Please send all referrals to: admissions@northstarcs.org or fax (319)236-3701

Office Use Only

Service Start Date: _____

County of Residence: _____

Ethnicity: _____

Service Funder (circle):

- Managed Care Organization – please list: _____
- IME
- Private Pay
- Veterans Administration