

2920.4400 ADMISSION FORM.

The adult community-based residential correctional facility referral form on each client to be admitted into residency includes at a minimum:

- A. name;
- B. address;
- C. date of birth;
- D. sex;
- E. reason for referral;
- F. whom to notify in case of emergency;
- G. date information gathered;
- H. signature of both interviewee and interviewer gathering information;
- I. name of referring agency of committing authority;
- J. special medical problems or needs;
- K. legal status, including jurisdiction, length, and conditions of placement;
- L. financial arrangements for medical care;
- M. financial arrangements for placement;
- N. present medications;
- O. driver's license or Minnesota state identification number; and
- P. vehicle title and vehicle insurance, if applicable.

Statutory Authority: *MS s 241.021*

History: *9 SR 1655; 36 SR 635*

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