



SAFE HEAVEN HOME CARE SERVICES

ADDRESS: 445 Minnesota Street Ste 1500, Saint Paul, MN 55101

OFFICE: 763-332-9194

FAX: 763-374-0506

NPI: 1104542380

Email: Info@shhcs.org

Waiver Services Referral Form:

**Required fields*

REFERRING AGENCY INFORMATION

Referral Date*	
Name and Title*	
Agency*	
Address*	
Email*	
Phone Number*	
Agency NPI#	

CLIENT INFORMATION

Client Name*	
Date of Birth*	
Address*	
Phone Number*	
PMI #*	
Services Interested In?*	
Potential Hours per week?*	
Does the client have any pets?*	

GUARDIAN (If applicable)

Does the person have a guardian?*	
Name*	*Please ensure to attach the following documents:
Address *	Case Managers: Coordinated Services and Supports Plan (CSSP)
Email*	Care Coordinators: Community Support Plan (CSP)
Phone Number*	Face-sheet (If applicable)

***** Please ensure to attach the following documents when submitting the referral*****

Case Managers: Coordinated Services and Supports Plan (CSSP)

Face-sheet (if applicable)

Care Coordinators: Community Support Plan (CSP), Plan of Care (POC)

Face-sheet (if applicable)

Please e-mail completed referral form to **Info@shhcs.org**, or fax to **763-374-0506**

Please Note: Services will not be rendered until the client has completed the intake meeting and a service agreement has been approved.

"We are committed to providing high-quality services and support that allow clients to continue being independent as possible in their homes

and or residential. We believe our approach will lead to client satisfaction while promoting a happy environment."