Access Day Support Services Center LLC:
Home and community-based services (HCBS)
7101 York Ave S, Suite 355, Edina MN 55435

Office: 952-426-1885 Cell: 612-803-9966 Email: admin@accessdayssc.com

UMPI #M418470300

Select Service Type

☐ Individualized Home Supports ☐ Personal Support ☐ Individual Community Living Supports (ICLS)
☐ Night Supervision ☐ In-Home Family Support ☐ Adult Companion
☐ Independent Living Skills ☐ Employment Services ☐ Other

"Choice Referrals" Meaning we accept clients that have their own staff. Does client have their own staff? ☐ YES ☐ NO

Today's Date: / /

INDIVIDUAL'S INFORMATION

Full Name:	DOB (mm/dd/yyyy): / /	Sex: ☐ Male ☐ Female

Address:	City:	State: MN	Zip:

Phone #:	MA #:	County:

Waiver Type/Payment Source: ☐ DD ☐ CADI ☐ CAC ☐ AC ☐ Private Pay ☐ Other (list):

Are Medical Assistance and the waiver currently active? ☐ Yes ☐ No What is the renewal date:

Number of hours per week of services being requested:

Rate:

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Availability:
Please fill out the days of the week, and available times for this person to work with staff. This information is necessary so that we can have staffing available.

Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Time							

When would you like to start services? / /

Guardianship Status: ☐ Self ☐ Other (list name & contact info):

CASE MANAGER INFORMATION

Access Day Support values the presence, support and input of case managers on the support team. We ask that case managers coordinate and attend the intake meeting of the person being referred. Ensuring the best coordination possible for people taking the ste p towards full community integration is our goal.

Case Manager Name:	Phone #:
County/Agency:	Fax #:

Address:	City:	State:	Zip:

Email:

Please fill out form with as much detail as possible and return with a copy of the most current Coordinated Service and Support Plan (CSSP).

Email referral to admin@accessdayssc.com or fax to 612-314-8666