



**CLIENT REFERRAL FORM**  
Information needed to schedule an appointment

**This form is to be used to gather information prior to scheduling an appointment on Bridging’s online referral and scheduling website: <http://appointmentquest.com/provider/2120069436>**

*If you leave some areas blank, Bridging may not be able to process this form.*

Appointment Type	<input type="checkbox"/> In Person	Virtual <input type="checkbox"/> Google Meet/Duo <input type="checkbox"/> FaceTime <input type="checkbox"/> Staff Shops for Client
Preferred Bridging Location (select one)	Bloomington <input type="checkbox"/>	Roseville <input type="checkbox"/>
Appointment Time	9:00 a.m. <input type="checkbox"/>	10:30 a.m. <input type="checkbox"/>
AGENCY NAME	Medica	AGENCY ID: n/a
Moving/pick up of items	Bridging to Deliver <input type="checkbox"/>	Client/agency to arrange <input type="checkbox"/>
Program/Department		
Caseworker Name		
Caseworker Phone Number		
Caseworker email		
Client First Name:		
Client Last Name:		
Client Preferred Name/ Pron		
Client Date of Birth:		
Client Address (include apartment #):		
Client City:		
Client State:		
Client Zip Code:		
County Client Lives In:		
Building- Client access code		
Primary Client Phone Number:		
Alternate Client Phone Number:		
Client Email Address		
Has client accessed Bridging services in the past?:	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Client Race/Ethnicity:	African <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>
	Black or African American	Hispanic	Mixed Racial Background
	White	Other	Prefer not to answer
Client Marital Status:	Single Separated Widowed or Divorced <input type="checkbox"/>		Married <input type="checkbox"/>
Client Sex:	Transgender <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Client Age:			
Household Size:			
Age of ALL others in household:			
How many children in the household are 17 and under?:			
Number of Bedrooms:			
Home Visit Completed: (Date)			
Completed Client Checklist:			
Client Yearly Income:	Under \$5 000 <input type="checkbox"/>	\$5 000 - \$9 999 <input type="checkbox"/>	\$10 000 - \$14 999
	\$15 000 - \$20 000 <input type="checkbox"/>	\$20,000-24,999 <input type="checkbox"/>	\$25,000-29,999
	\$30,000-\$34,999	\$35,000-39,999	Over \$40,000
Was the client homeless?:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
For how long was the client homeless?:	Less than 1 month <input type="checkbox"/>	1-3 Months <input type="checkbox"/>	4-12 Months <input type="checkbox"/>
	Over 12 months <input type="checkbox"/>	Was not homeless <input type="checkbox"/>	
What brought the client to Bridging?:	Disability <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Foreclosure/Loss of Home <input type="checkbox"/>
	Job Loss <input type="checkbox"/>	Leaving Prison <input type="checkbox"/>	Medical Bills <input type="checkbox"/>
	Natural Disaster <input type="checkbox"/>	Persistent Low Income <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Does your client understand that the furniture is used?:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Does your client understand that the furniture must be moved within 48 hours?:	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Will bring an interpreter?:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will bring assistant required due to mental health or physical limitations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Preference Form completed and submitted	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Who is paying for the appointment?:	Referring Agency <input type="checkbox"/>	Client or Other Paying Referring Agency <input type="checkbox"/>
	Client Paying Bridging <input type="checkbox"/>	Other Paying Bridging <input type="checkbox"/>
If OTHER, who is paying for the appointment?		
Who is paying for Delivery?	Referring Agency <input type="checkbox"/>	Client or Other Paying Referring Agency <input type="checkbox"/>
	Client Paying Bridging <input type="checkbox"/>	Other Paying Bridging <input type="checkbox"/>
If OTHER, Who is paying for Delivery?		
Is there an Elevator in the building?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
What floor does the client live on?		
Additional Notes:		
USED Beds Needed Household size of 1 - 4 = 1 bed, 5-6 = 2 beds, 7+ = 3 beds):		
NEW Beds/Frames needed? (YES/NO)	n/a	
Who is paying for NEW Beds and Frames?	n/a	
	n/a	
If OTHER who is paying for NEW items?	n/a	
(Prices include sales tax) If AGENCY is paying is Agency tax exempt?	n/a	
NEW Twin Mattress and Platform Frame Set (\$230 each)	n/a	
NEW Full Mattress and Platform Frame Set (\$273each)	n/a	
NEW Queen Mattress and Platform Frame Set (\$310 each)	n/a	

