

Katherine's House

426 Monroe Street

Eveleth, MN 55734

www.lotus-mn.com

Katherine's House Referral Form

Date of Referral: _____

Name: _____

DOB: _____

Referral

Source: _____

Living Situation / Placement at Time of

Referral: _____

County of

Residence: _____

Case Manager/ Social

Worker _____

Case Manager / Social Worker Contact Information:

Is Prospective Resident currently on

Probation: _____

Probation Officer Contact

Information: _____

Are There Substance Use

Concerns: _____

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Are there Mental Health

Concerns: _____

Are There Physical Health

Concerns: _____

Brief Description of Presenting Issues and Reasons for Admission to Katherine's
House: _____

Other Concerns At This Time:

