

## REFERRAL FOR PARENT MENTORING SERVICES

CALL FOR INITIAL REFERRAL **AND** EMAIL OR FAX COMPLETED REFERRAL FORM TO:

### Exchange Club Center for Family Unity

1850 Austin Road, Suite 100 | Owatonna, MN 55060

(p)507-455-1190 - [info@centerforfamilyunitymn.com](mailto:info@centerforfamilyunitymn.com) - (f)507-455-1208

Case Manager Contact Information	
Case Manager:	Office Phone:
Email:	Cell:
CPS Supervisor:	Phone:
Email:	

Case Information	
Workgroup Name:	
Workgroup ID #	

Parent(s)/Caregiver(s) Participating Contact Information	
Name of Person #1:	
Address:	Phone No:
City/State/Zip	Cell No:
Relationship of Person to the Children:	
Children Names & Ages:	
Contact (e-mail):	

Parent(s)/Caregiver(s) Participating Contact Information	
Name of Person #2:	DOB:
Address:	Phone No:
City/State/Zip	Phone No:
Relationship of Person to the Children:	
Children Names & Ages:	
Contact (e-mail):	

Summary of Concerns

<b>How was family brought into the system?</b>
<b>Significant Information / Concerns / Safety Factors:</b>
<b><i>Additional Comments</i></b>
<b>Do children have history of sexually acting out?</b>
<b>If yes, which children did this involve?</b>
<b>Any physical aggression?</b>
<b>If yes, which children or adults does this involve?</b>
<b>Anything additional we should be aware of? (i.e. anger outbursts, threats regarding parents or children, family violence, dietary needs, allergies, children's disabilities, etc.) If so, please be very specific as to what they are.</b>

