160 3RD AVE NW
MILACA, MN 56353
320-983-2001 OFFICE
320-983-2007 FAX
arrowsfamilyservices.org

REFERRAL FOR SERVICES

DATE:

REFERRING PARTY/AGENCY:

REFERRING PARTY ADDRESS:

REFERRING PARTY PHONE:

REFERRING PARTY EMAIL:

GAL ASSIGNED:

IDENTIFIED CLIENT:

PARENT INFORMATION

	PARENT 1:	PARENT 2:
NAME:		
ADDRESS:		
PHONE NUMBER:		
EMAIL:		
MARITAL STATUS:		
DATE OF BIRTH:		

CHILD INFORMATION

	NAME	DOB	GENDER	PLACEMENT (kinship, foster care,etc)
CHILD 1				
CHILD 2				
CHILD 3				
CHILD 4				

ADDRESS FOR CHILD (CHILDREN) IF DIFFERENT FROM PARENT(S)

CAREGIVER NAME:

ADDRESS:

PHONE:

EMAIL:

PLEASE STATE REASON FOR REFERRAL:

HAS CLIENT BEEN WITH ANOTHER AGENCY? IF SO, WHY WERE SERVICES TERMINATED?

SERVICES REQUESTED (CHECK AS MANY AS APPLY)

- ☐ SUPERVISED VISITS
- ☐ TRANSPORTATION
- ☐ SUPERVISED VISITS & PARENTING SKILLS
- ☐ PARENTING SKILLS
- ☐ PARENTS FOREVER
- ☐ OTHER

TIME OF DAY PREFERRED

- ☐ DAYTIME (8-12)
- ☐ AFTER SCHOOL (3PM)
- ☐ EVENINGS (4-8)
- ☐ WEEKENDS

NUMBER OF VISITS PER WEEK: ______ LENGTH OF VISIT: ______

IS THERE AN APPROVED LOCATION FOR THE VISITS? IF SO, WHERE?

ADDRESS: ______

WOULD YOU LIKE THE VISITS TO BE AT ARROWS FAMILY SERVICES?

☐ YES (MILACA/ LITTLE FALLS/ ST. CLOUD) ☐ NO

SAFETY OR OTHER ISSUES (CHECK ALL THAT APPLY/ LIST PERSON INVOLVED)

- ☐ SUBSTANCE ABUSE
- ☐ DOMESTIC VIOLENCE
- ☐ SEXUAL ABUSE
- ☐ PHYSICAL DISABILITY
- ☐ OFP/DANCO
- ☐ PHYSICAL ABUSE
- ☐ EMOTIONAL ABUSE
- ☐ MENTAL HEALTH
- ☐ LIMITED SUPPORT SYSTEM
- ☐ MEDICAL ISSUES
- ☐ NEGLECT
- ☐ PARENT/CHILD CONFLICT
- ☐ DEVELOPMENTAL DELAY
- ☐ FINANCIAL/LEGAL PROBLEMS
- ☐ CONCERNS FOR SUPERVISOR TO MAINTAIN SAFETY

TYPE OF CASE PLAN

- ☐ VOLUNTARY
- ☐ COURT ORDERED
- ☐ DIAGNOSTIC ASSESSMENT

IS THERE A CASE PLAN IN PLACE? ☐ YES ☐ NO (IF YES, PLEASE ATTACH A COPY)

***PLEASE ATTACH A COPY OF THE RELEASE OF INFORMATION SIGNED BY THE CLIENT WHEN APPLICABLE.**

Please email referral to shannon.wegner@arrowsfamilyservices.org or Fax to 320-983-2007