ARROWS FAMILY SERVICES

REFERRAL FOR SERVICES

HOME OFFICE
160 3rd Ave NW | Milaca, MN 56353
320-983-2001 | Fax: 320-983-2007
arrowsfamilyservices.org

DATE

REFERRING PARTY / AGENCY

Agency / referring party	
Address	
Phone	
Email	
GAL assigned	
Identified client	

PARENT INFORMATION

	PARENT 1	PARENT 2
Name		
Address		
Phone		
Email		
Marital status		
Date of birth		

CHILD INFORMATION

CHILD	NAME	DOB	GENDER	PLACEMENT
Child 1				
Child 2				
Child 3				
Child 4				

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CHILD CAREGIVER (IF DIFFERENT FROM PARENT)

Caregiver name

Address

Phone **Email**

REASON FOR REFERRAL

PREVIOUS SERVICES

Has the client received services from another agency? If yes, why did services end?

SERVICES REQUESTED (CHECK ALL THAT APPLY)

- ☐ Supported supervised parenting time with real-time coaching
- ☐ Transportation
- ☐ Parenting skills

Curriculum-based parenting education (select curriculum):

- ☐ Circle of Security
- ☐ Restorative Parenting
- ☐ Nurturing Parenting
- ☐ Love & Logic
- ☐ Other curriculum:

Parenting skill development (select skills):

- ☐ Child development
- ☐ Routines
- ☐ Discipline
- ☐ Positive parenting
- ☐ Other skills:

- ☐ Other service:

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SCHEDULING / VISIT INFORMATION

Preferred time of day:

☐ Daytime (8-12) ☐ After school (3 PM) ☐ Evenings (4-8) ☐ Weekends

Visits per week _____ **Length of visit** _____

Approved visit location / address _____

Would you like visits at Arrows Family Services? ☐ Yes ☐ No

Preferred office (if applicable): ☐ Milaca ☐ Little Falls ☐ St. Cloud

SAFETY OR OTHER ISSUES (CHECK ALL THAT APPLY)

☐ Substance abuse ☐ Physical abuse ☐ Neglect

☐ Domestic violence ☐ Emotional abuse ☐ Parent/child conflict

☐ Sexual abuse ☐ Mental health ☐ Developmental delay

☐ Physical disability ☐ Limited support system ☐ Financial/legal problems

☐ OFP/DANCO ☐ Medical issues ☐ Supervisor safety concerns

Persons involved / details regarding safety concerns:

TYPE OF CASE PLAN

☐ Voluntary ☐ Court ordered ☐ Diagnostic assessment

Is there a case plan in place? ☐ Yes ☐ No

If yes, please attach a copy of the case plan.

REFERRAL SUBMISSION

Please attach a signed release of information when applicable.

Email: shannon.wegner@arrowsfamilyservices.org

Fax: 320-983-2007