Greater Minnesota Family Services

2320 E Hwy 12, Suite 2, Willmar, MN 56201
320-214-9692 (p) 651-925-0236 (f)
Email: records-referrals@greaterminnesota.org

REFERRAL FOR FAMILY SERVICES

Name of Client: _____ **DOB:** _____ **Date:** _____

Parents/Legal Guardian: _____ **Client:** ☐ **M** ☐ **F**

Race & Ethnicity: _____

Phone (H): _____ **Phone (W):** _____

Address (Include City): _____ **County:** _____

Siblings (Name, DOB): _____

Services Requested:

- ☐ **Family Based**
- ☐ **Art Therapy (St Cloud)**
- ☐ **Family Group Decision Making**
- ☐ **Unsure**
- ☐ **Early Childhood – SEED Day Program**
- ☐ **Early Childhood – In-home**
- ☐ **Targeted Case Management**
- ☐ **Open to Telehealth**

SCHOOL MUST REFER THE FOLLOWING:

☐ **SFMH** (In some school districts statewide – consult child's school to make referral)

COUNTY HHS MUST REFER THE FOLLOWING:

☐ **Intensive In-Home Family Services (IIFS) - **Areas of Service Vary**

Greater Minnesota Family Services Staff Preferred (Name): _____

School District Child Attends: _____ **Grade:** _____

If supervisory approval is required by your agency, please have them sign & date below:

Signature: _____ **Date:** _____

Reason for Referral (*Please be specific, list behaviors/symptoms*):

Frequency of Service: ☐ **Morning (8am-12pm)** ☐ **Early PM (12pm-4pm)** ☐ **Evening PM (5pm-9pm)**

Pertinent Background Information:

Party Responsible for Payment:

☐ **County/Grant:** _____ **Supervisor Approval:** _____

☐ **Primary Insurance**
Company: _____
Phone: _____
MA/ID #: _____
Policy/Group #: _____

☐ **Secondary Insurance**
Company: _____
Phone: _____
MA/ID #: _____
Policy/Group #: _____

Date of Last DA: _____
(Please provide a copy of the most recent DA)

Completed by: _____
Agency: _____

Referred By: _____
Phone: _____

Agency: _____
Email: _____

If you are making a referral to GM via email, we will inform you that the referral has been received & forwarded to our staff. If you have not received a response within 2 weeks, please contact Carla at 320-403-4167, or records-referrals@greaterminnesota.org. If services have not begun within 3 months of the original referral, GM will need to discontinue your original referral. We would need an updated referral submitted to GM.