info@solcentermn.org

Community Resource Navigator Referral Form **ISD # _____**

CLIENT INFORMATION:

Name:		**DOB:**		
Street Address:		**City/State:**		**Zip:**
Ethnicity:	**Phone #:**	**Email:**		**County:**
Student Name:		**DOB**	**Grade**	**Preferred Language:** **Spanish** ☐ **English** ☐ **Other** ☐
Student Name:		**DOB**	**Grade**	**Needs Immediate Attn:** ☐ **Yes** ☐ **No**
Referred by:		**School:**		**Referral phone:**
School contact person (if different than referral):				**Referral email:**
How do you see the CRN helping this family?				**Have you discussed this referral with the client?** ☐ Yes ☐ No

Family Issues: ☐ Family basic needs (food, clothing) ☐ Financial stability/employment ☐ Housing ☐ Transportation ☐ Lack of insurance ☐ Mental health concerns ☐ Legal issues ☐ Language barrier	***Child issues affecting family stability:*** ☐ Academic problems ☐ Emotional problems (depression, moody, etc.) ☐ Behavioral problems (acting out) ☐ Truancy ☐ Engaging in risky behavior (using drugs, alcohol, shoplifting, getting into fights, vandalism, etc.) ☐ Other (please explain)

School services being provided: **IEP** None ____ In process____ Yes ____

Other service providers currently working with the student: _____

The family agrees to work with the school and SOL Center in a service coordination approach if appropriate.

Please attach signed release of information and send along with referral to info@solcentermn.org

Please inform your client of this referral. Client aware of referral? ☐ Yes ☐ No

Authorization for Release of Personal Health Information:
I have been told why I am asked to consent to the release of the above information and how the information will be used. I understand that I am not required by law to consent to the release of the information but if I do not consent, it may interfere with or prevent achievement of my treatment goals. I understand that I may revoke this consent upon written notice. **My consent will automatically expire one year from the date of my signature below.**

_____ _____ _____
Parent or guardian signature School Staff Person Date