



**Greater Minnesota Family Services**  
 Shelter Care  
 3619 SW 15<sup>th</sup> Avenue, Willmar, MN 56201  
 Phone: (320) 235-3664 Fax: (320) 235-1671

For Office Use Only:

Date: \_\_\_\_\_

Staff: \_\_\_\_\_

## Referral Checklist

Worker: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**The following form needs to be completed as thoroughly as possible. If the answer to questions #5-14 is "yes", then please describe. If the answer to any of the following is "no", please write "no" – do not leave a question blank.**

What are the circumstances that require this youth to be placed at Shelter Care? (brief narrative):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                |                 |  |
|----------------|-----------------|--|
|                |                 | Where does the child currently live and with whom? |
| Male    Female |                 | Name: _____  |
| Age: _____     | Relation: _____ | Phone: _____                                       |
| D.O.B.: _____  | Address: _____  |  |

1. Type of placement:    \_\_\_\_\_ Voluntary    \_\_\_\_\_ Court-ordered (CHIPS)  
    \_\_\_\_\_ 72-hour hold    \_\_\_\_\_ Court-ordered (other) – Please include in the court order that the child can be removed and placed in a more secure setting if necessary.

2. Purpose of placement:    \_\_\_\_\_ Rule 79    \_\_\_\_\_ Rule 25    \_\_\_\_\_ Reunification  
    \_\_\_\_\_ Truancy    \_\_\_\_\_ Transition    \_\_\_\_\_ Other: \_\_\_\_\_

3. Is this child in agreement with placement?    \_\_\_\_\_ No    \_\_\_\_\_ Yes    \_\_\_\_\_ Maybe    \_\_\_\_\_ Unknown

4. Is this child currently in need of detoxification?    \_\_\_\_\_ No    \_\_\_\_\_ Yes

5. Do they have chemical abuse/use issues?    \_\_\_\_\_ No    \_\_\_\_\_ Yes ( \_\_\_\_\_ )

6. Is this child currently involved in the legal system?    \_\_\_\_\_ No    \_\_\_\_\_ Yes ( \_\_\_\_\_ )

7. Does this child have a Severely Emotionally Disturbed diagnosis?    \_\_\_\_\_ No    \_\_\_\_\_ Yes

SED: \_\_\_\_\_

List Medications: \_\_\_\_\_

**\*MEDICATIONS MUST COME WITH CHILD UPON ARRIVAL\***

8. Does this child have any serious medical needs or physical limitations/concerns?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Are there concerns of this child being victimized and/or victimizing others? Are there vulnerability concerns?**

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**10. Run Risk**

Has child ever run from home/placement or been reported as a missing person by parent, but returned on their own?

Has child been frequently reported missing, but returned by law enforcement or on their own with no further incident?

Has child chronically run away from home/placements for extended periods of time?

Date(s) of prior runs: \_\_\_\_\_

Where have they run from?: \_\_\_\_\_

Circumstances of the run(s): \_\_\_\_\_

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**11. Suicide Risk**

Has child had recent self-injurious behaviors?

Has child recently verbally threatened to commit suicide?

Has child actively attempted to commit suicide (cutting, overdosing, etc.)?

**12. Physical Aggression Risk**

Has this child ever threatened to harm anyone? With a weapon?

Has this child ever harmed anyone (thrown objects at them, pushed them, etc.)?

Has this child ever destroyed property?

Has this child ever seriously injured (or attempted to injure) another person?

If applicable, who are they aggressive toward?: \_\_\_\_\_

Where has the aggression take place?: \_\_\_\_\_

What have been the circumstances?: \_\_\_\_\_

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**13. Is this child currently reporting any sexual or physical abuse?** \_\_\_\_\_ No \_\_\_\_\_ Yes (refer to 13a and 13b)

13a) Description of abuse: \_\_\_\_\_

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13b) Is the report under investigation at this time? \_\_\_\_\_ No \_\_\_\_\_ Yes (by whom? \_\_\_\_\_ )

**14. Does this child have any history of inappropriate sexual behavior?**

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