Greater Minnesota Family Services

2320 Highway 12, Suite 2, Willmar, MN 56201
320-214-9692 (p) 651-925-0236 (f)

REFERRAL FOR SPIRITED ADVENTURES PROGRAM

Name of Client: _____DOB: _____Date: _____
Clients gender: _____ Race/Ethnicity: _____
School: _____ Grade: _____ IQ (If known): _____
Parents/Legal Guardians:

_____
Address: _____
County: _____ Parent/Guardian Phone #s _____
Parent/Guardian Email: _____

Services Requesting:

____ Diagnostic Assessment
____ Skills
____ Family Therapy
____ Individual Therapy
____GroupTherapy
____DayTreatment
_ _ Targeted Case Management

Other (Please Describe): _____

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

_____
_____
_____

Please identify any services the child may currently be receiving or has received in the past that you may be aware of. Please include facility name if possible.

___ Individual education plan (IEP)- If yes, who is case manager? _____
___ Medication management (psychiatrist/doctor)
___ In-home skills worker
___ Out of school placement (i.e Residential/In-patient)
___ Day treatment services
___ Probation or law enforcement involvement
___ Substance use treatment
___ Individual/group/family therapy
___ County social worker
___ Child protection involvement
___ Foster care
___ Mentor (i.e big brother/sister)
___504 plan

Additional Comments:

_____+

Does the child have a current mental health diagnosis? _ _ Yes ___ No ___ Don't know
If yes, what is the diagnosis: _____

Party Responsible for Payment:

__ County/Grant: _____

__ Primary Insurance:

Company: _____

Phone: _____

MA/ID#: _____

Policy/Group #: _____

__ Secondary Insurance:

Company: _____

Phone: _____

MA/ID#: _____

Policy/Group#: _____

Referring person's name/position/contact info:

_____

_____

Upon receiving referral, program staff will reach out to parent/guardian to confirm interest in the program and schedule an intake & assessment. Following the assessment, program staff will consult each case and determine eligibility. Once the case is staffed, parent/guardian and client will be contacted to discuss the referral. Referral source will be informed of the actions taken with each referral.

A "Circle of Courage" Agency