



2320 E HWY 12, Suite #2, Willmar, MN 56201, 320-214-9692 Fax (651)925-0236

**REFERRAL FORM**

\_\_\_\_\_ **FAMILY GROUP DECISION MAKING** \_\_\_\_\_ **SAFETY PLANNING**

Name of Client: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C/W) \_\_\_\_\_

Address: \_\_\_\_\_

Siblings: (Name, DOB) \_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan Time Line (Important Court Dates, Plan completed by?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Background Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expectations of the FGDM Plan or Safety Plan (Bottom lines for plan to be approved):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GREATER MINNESOTA FAMILY SERVICES

**Family, extended family participation, service providers to be included, network members, etc):**

Name

Relationship to Child

Telephone

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**Expectations of the Family:**

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**Referred by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Thank you. Please attach any related documents such as court documents or family service plans**

