



**Greater Minnesota Family Services  
Shelter Care**

3619 SW 15<sup>th</sup> Avenue, Willmar, MN 56201  
Phone: (320) 235-3664 Fax: (320) 235-1671

## Referral for Shelter Care

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_ County: \_\_\_\_\_

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

***Please complete this form as thoroughly as possible, leaving nothing blank. If the answer is 'yes', please describe. If the answer is 'no' or 'NA', please write no or NA. Do not leave anything blank.***

Reason for seeking placement at Shelter Care (please be specific in a brief narrative):

Client initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Sibling(s) (name, DOB): \_\_\_\_\_

Guardian(s)' name: \_\_\_\_\_

Guardian phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last DA: \_\_\_\_\_ **(Please provide a copy of most recent DA/IEP/relevant documents with this referral)**

Party responsible for payment:  County/Grant: \_\_\_\_\_  Primary Insurance: \_\_\_\_\_

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 needed)

Length of Placement: \_\_\_\_\_  
(estimated: 7-14 days, 30, 60, 90 days, etc)

Purpose of Placement:  Rule 79  Respite  Reunification  Truancy  Transition  Other: \_\_\_\_\_

Services Requested:  Day Treatment  Shelter Care  Diagnostic Assessment  Family Therapy  Individual Therapy

Other: \_\_\_\_\_

Pertinent Background Information:

1. Is the child in agreement with placement?  No  Yes

2. Do they have chemical abuse/use issues?  No  Yes: \_\_\_\_\_

3. Is the child currently in need of detoxification?  No  Yes

4. Is this child currently involved in the legal system?  No  Yes: \_\_\_\_\_

5. Does this child have a Severely Emotionally Disturbed diagnosis?  No  Yes

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

List medications **(YOU MUST BRING AT LEAST 15 DAY SUPPLY AT INTAKE; if pills need cut, we need to know in advance):**

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

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

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**8. Run Risk:**  Mild  Moderate  Severe

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

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

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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): \_\_\_\_\_

**9. Suicide Risk:**  Mild  Moderate  Severe

Has the child had recent self-injurious behaviors?

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Has the child recently verbally threatened to commit suicide?

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

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**10. Physical Aggression Risk:**  Mild  Moderate  Severe

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

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

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Has the child ever destroyed property?

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Have they ever seriously injured (or attempted to injure) another person? If applicable, who are they aggressive toward?

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Where has the aggression taken place? What are the circumstances?

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10. Is this child currently reporting any sexual or physical abuse?  No  Yes (refer to 10a and 10b)

10a. Is the report under investigation at this time?  No  Yes (by whom?) \_\_\_\_\_

10b. Description of abuse:

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

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