



Greater Minnesota Family Services

2320 Highway 12, Suite 2, Willmar, MN 56201

320-214-9692 (p) 651-925-0236 (f)

REFERRAL FOR FAMILY SERVICES

Name of Client: _____ DOB: _____ Date: _____

Parents/Legal Guardian: _____ Client: M F

Phone (H): _____ Phone (W): _____

Address: _____

Counties: _____

Siblings (Name, DOB): _____

- Services Requesting:
- | | |
|--|--|
| <input type="checkbox"/> Family Based | <input type="checkbox"/> Outpatient (Chippewa County/Telehealth) |
| <input type="checkbox"/> School & Family | <input type="checkbox"/> Early Childhood - (SEED Day Program) |
| <input type="checkbox"/> Art Therapy (St. Cloud) | <input type="checkbox"/> Early Childhood - (In-Home) |
| <input type="checkbox"/> Targeted Case Management | <input type="checkbox"/> Family Group Decision Making |
| <input type="checkbox"/> Open to Telehealth | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Intensive In-Home Family Services** | |

**Morrison, Stearns, Sherburne & Wright Counties ONLY – County HHS Must Make Referral

Greater Minnesota Family Services Staff Preferred (Name): _____

School District Child Attending: _____

If supervisory approval is required by your agency, please have supervisor sign and date below:

Signature: _____ Date: _____

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

Frequency of Service: Morning (8am-12pm) Early PM (12pm-4pm) Evening PM (5pm-9pm)

Pertinent Background Information:

Party Responsible for Payment:

- County/Grant: _____
- Primary Insurance
- Company: _____
- Phone: _____
- MA/ID #: _____
- Policy/Group #: _____

- Supervisor Approval: _____
- Secondary Insurance
- Company: _____
- Phone: _____
- MA/ID #: _____
- Policy/Group #: _____

Date of Last DA: _____

(Please provide a copy of most recent DA)

Completed By: _____

Agency: _____

Referred By: _____

Agency: _____

Phone: _____

Email: _____

If you are making a referral to GM, we will inform you that the referral has been received and forwarded to our staff. If you have not received a response within 2 weeks, please contact Carla or Briedget at 320-214-9692. If services have not begun within 3 months of the original referral, GM will need to discontinue your original referral. You will then need to submit a new updated referral to GM.