



Greater Minnesota Family Services

2320 E Hwy 12, Suite 2, Willmar, MN 56201

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

Email: records-referrals@greaterminnesota.org

REFERRAL FOR FAMILY SERVICES

Name of Client: _____ DOB: _____ Date: _____

Parents/Legal Guardian: _____ Client: ☐ M ☐ F

Race & Ethnicity: _____

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

Address (Include City): _____

County: _____

Siblings (Name, DOB): _____

Services Requested: ☐ Family Based ☐ Early Childhood – SEED Day Program
☐ School & Family ☐ Early Childhood – In-home
☐ Art Therapy (St Cloud) ☐ Family Group Decision Making
☐ Targeted Case Management ☐ Unsure
☐ Open to Telehealth

COUNTY HHS MUST REFER:

☐ Intensive In-Home Family Services (IIFS)

Only in Counties: LQP - LeSueur – Morrison – Stearns – SWHHS

Greater Minnesota Family Services Staff Preferred (Name): _____

School District Child Attends: _____ Grade: _____

If supervisory approval is required by your agency, please have them sign & 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 the most recent DA)

Completed by: _____

Agency: _____

Referred By: _____

Agency: _____

Phone: _____

Email: _____

If you are making a referral to GM via email, we will inform you that the referral has been received & forwarded to our staff. If you have not received a response within 2 weeks, please contact Carla at 320-403-4167, or records-referrals@greaterminnesota.org. If services have not begun within 3 months of the original referral, GM will need to discontinue your original referral. We would need an updated referral submitted to GM.