

Western Mental Health Center

1212 East College Drive
Marshall, MN 56258
Phone: 507-532-3236 / Fax: 507-532-0240
1-800-658-2429

Referral for Children’s Mental Health Services

Client Information

Client Name: _____ DOB: _____ SSN: _____ Male ___ Female
Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers: (home) _____ (cell/work) _____
Legal Guardian: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers: (home) _____ (cell/work) _____

Primary Insurance: _____ ID#: _____
Secondary Insurance: _____ ID#: _____

Referral Source Information

Person making the referral: _____ Agency: _____
County of referral: _____
Phone: _____ Fax: _____ E-mail: _____

Service Needs

Please check the type of Children’s Mental Health service applying for:

- | | |
|---|---|
| <input type="checkbox"/> Children’s Therapeutic Supports and Services (CTSS) | <input type="checkbox"/> Individual Therapy |
| <input type="checkbox"/> Individual Skills <input type="checkbox"/> Family Skills | <input type="checkbox"/> Parent Mentoring (Child Protection) |
| (MA or MN Care Programs) | <input type="checkbox"/> Parenting Classes (Child Protection) |
| <input type="checkbox"/> Family Community Support Program (FCSP) | <input type="checkbox"/> Diagnostic Assessment |
| (Private or no insurance) | <input type="checkbox"/> Targeted Case Management (TCM) |
| <input type="checkbox"/> In-Home Family Therapy | <input type="checkbox"/> Medication Management |
|
 | |
| <input type="checkbox"/> ITFC – Intensive Treatment in Foster Care | |

School Linked Mental Health(Echo Charter, Hendricks, Lake Benton, MCC, Milroy Area Charter and Public, RTR, RW Area Middle & High Schools, Minneota, Lakeview , and Yellow Medicine)

Has client been seen for other mental health services? yes no
(if yes...name of professional and agency)_____

Is there a current Diagnostic Assessment (within past year)? yes no
if yes...who completed the DA?)_____

Is CTSS/FCSP recommended in the DA? yes no not applicable

Are other providers involved? yes no
(if yes...who? what is the services being provided?)_____

Reason for Referral

Briefly state reason for mental health referral: _____

Indicate any other special circumstances (language barriers, foster care, ect): _____

PLEASE FILL OUT REVERSE SIDE FOR B TO 5 AND ITFC – SPECIFIC QUESTIONS

BIRTH TO FIVE – ADDITIONAL INFORMATION FOR REFERRAL

1. What specific behaviors/symptoms have you noticed that prompted you to make this referral?

2. What specific questions would you like answered in relation to your client’s functioning (i.e., intellectual functioning, neurological functioning, clarify diagnoses, parent/child relationship concerns, recommendations for treatment, etc.)?

3. List other parties/agencies involved with this client’s care that WMHC will need releases filled out for: (circle those that apply) Daycare PCP Social Services Preschool/School ECSE
Help Me Grow Child Protection Head Start Other_____

ADDITIONAL INFORMATIO FOR ITFC – INTENSIVE TREATMENT IN FOSTER CARE

Referral Source Information

Person making the referral: _____

Phone: _____ Fax: _____ E-mail: _____

Does the student have current mental health services? ___Yes ___No

If yes, name of professional and/or agency: _____

Does the student have a current CASII Score? ___Yes ___No If yes, what is the score_____

Are the biological parents and foster parents willing to commit to the hours required for ITFC Services? ___Yes ___No

ADDITIONAL INFORMATIO FOR SLMH – SCHOOL LINK MENTAL HEALTH

Person making the referral: _____ School: _____

Relationship to student (teacher, social worker, etc): _____

Phone: _____ Fax: _____ E-mail: _____

Does the student have current mental health services? ___Yes ___No

If yes, name of professional and/or agency: _____

Does the student have an IEP? ___Yes ___No If yes, does it include mental health ___ Yes ___No

Date of parent consultation regarding program/referral: _____

Questions? Contact WMHC Care Coordination Department Ph:507-532-3236 or 1-800-658-2429

Send completed referral form to WMHC: include any relevant materials, releases of information, or other supporting documentation if necessary.

