Volunteers of America MINNESOTA

Community Family Supports
9220 Bass Lake Rd. Ste. 305 New Hope, MN 55428
1139 Franklin Ave. Ste. 4 Sauk Rapids, MN 56379
38 Union St. Mora, MN 55051
P: 952-945-4168 F: 888-526-2781

Case Management Referral/Intake Form

Program: ☐ Adult CM ☐ Child CM

Client's Name: _____ Nickname(s): _____
(Last, First)

Date of Birth: _____ Gender: _____ Race/Cultural Heritage: _____

Address: _____ City: _____ State: MN Zip: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

County of Residence/Responsible County: _____

*Referred by/Agency Name: _____ Phone: _____

Family Information

(Child) Name of Parent: _____ Phone: _____ Address: _____

(Child) Name of Parent: _____ Phone: _____ Address: _____

(Adult) Name of Relative or Significant Person: _____

Relation to Client: _____ Phone: _____

Insurance Information:

☐ Medical Assistance ☐ PMAP-MA: _____ Policy #: _____ Group # _____

☐ Private Insurance: _____ Policy #: _____ Group # _____

Referral Information:

Reason for Referral/ _____

Presenting Problems: _____

Diagnosis: _____

Other Information: _____

Currently Receiving CM Services? ☐ Yes ☐ No Past CM Services? ☐ Yes ☐ No

Therapist: _____ Clinic: _____ Phone: _____

Psychiatrist: _____ Clinic: _____ Phone: _____

Medical Concerns: _____

Other Services/Providers: _____

Date of Intake: _____ Staff Completing Form: _____

☐ Diagnostic Assessment & Verification Form requested (required). Date and agency of last DA: _____

***If the referring agency is completing this form, please attach a copy of the most recent diagnostic assessment and fax to 888-526-2781.**