



Community Family Supports
9220 Bass Lake Rd. Ste. 255 New Hope, MN 55428
P: 952-945-4168 F: 888-526-2781

*If the referring agency is completing this form, please fax to 888-526-2781.

Private Agency Foster Care Referral Form

Date of Intake: Staff Completing Form:

Child's Name: Age: Sex: Race/Ethnicity:

Worker's Name: Worker's Contact Information:

County: Current Placement:

Date Placement Needed: ICWA Placement: Yes No

Geographical area preference: Yes No

If yes, where:

Current school:

Do you want the child to stay at their current school?: Yes No

Current Diagnoses:

Presenting Needs:

- Medical Needs:
Verbal/Physical Aggression:
Destruction of property:
Sexualized behaviors:
Suicidal/Self-injurious:
Running Behaviors:
Chemical Use:
Other Pertinent Information:

Any desired characteristics of the foster home:

*If the referring worker has additional information they'd like to share, they can fax us additional documentation or we can email a blank copy of our longer referral form to complete and fax back. However, this is not required.