



**Family Based Services**  
Life Management Skills and Counseling  
*Referral Form*

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Referred By: \_\_\_\_\_ Date: \_\_\_\_\_

County/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Contact at Work: Yes or No

Child(ren)	Date of Birth	Location (home or placement)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe briefly how Social Services became involved:

\_\_\_\_\_  
\_\_\_\_\_

Brief description of goals/purpose for family based services (counseling or life management skills):

\_\_\_\_\_  
\_\_\_\_\_



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Does referring agency and the family agree on issues/goals/purpose?

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Family strengths: \_\_\_\_\_

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List any other service providers involved with the family:

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Are there any drug/alcohol problems/concerns in the family?

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Is there a history of physical, sexual abuse, neglect or violence in the family?

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Any there any special considerations/issues that the family based service worker needs to be aware of?

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Availability of family: Weekdays \_\_\_\_\_ Weeknights \_\_\_\_\_



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*Consent To Release Information*

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I hereby authorize and give my permission for Community and Family Services, LLC to exchange, release, disclose or obtain information and/or copies of pertinent reports to or from, the following agencies relating to family based services for myself and my family.

<b>Initial</b>	<b>Name</b>	<b>Phone</b>
_____	Social Service_____	_____
_____	In-Home Worker_____	_____
_____	Mental Health Center_____	_____
_____	School Counselor_____	_____
_____	EBD/Special Education_____	_____
_____	Corrections_____	_____
_____	Guardian Ad Litem_____	_____
_____	Foster Care Provider_____	_____
_____	Tribal Representative_____	_____
_____	Other_____	_____
_____	Other_____	_____

The purpose of this request is for providing family based services. I have been told what information will be given and how it will be used. I have also been advised as to who will receive the information and what will happen if I do and/or do not allow the release. The information to be released is private and any further use is governed by the Minnesota Government Data Practices Act (MN Stat.Chap.13).

I understand that I may revoke this consent upon written notice unless the information has already been released. My consent will expire one year from the date signed, unless revoked earlier. Community and Family Services, LLC providing information is released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

Signature \_\_\_\_\_ Date\_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_