Anoka County
HUMAN SERVICES DIVISION
Community Social Services and Behavioral Health

Children's Mental Health Intake Referral Form

Referral Contact Information

Referral Date: Referral Type: Select One:

Referral Source (Name & Position):

Phone: Fax: Email:

Address:

Client/Guardian provides consent for this referral: ◯ Y ◯ N

Client Information

Name: DOB: Gender:

Legal Name: Pronouns: Race:

Phone: Email:

Address:

Permanent Address:

Preferred Language: Interpreter Needed: ◯ Y ◯ N

Current School Status: ◯ Enrolled ◯ Not Enrolled Name of School:

Is the Child on a Current IEP? ◯ Y ◯ N Child's IQ:

Parent/Legal Guardian

If we do not have a legal guardian in Anoka County, we cannot provide services

Does someone other than the biological parent/s have legal guardianship over the child? If so, please provide supporting documentation (custody/guardianship/adoption/transfer of custody order signed by judge, delegation of parental authority/dopa signed by legal parent/s/guardian/s, birth certificate reflecting adoption, etc.)

☐ ROI Submitted to Mental Health Intake fax with referral ☐ Parent/Legal Guardian is willing to participate in voluntary Children's Mental Health Intake referral

Name: Relationship:

Phone: Email:

Address:

Preferred Language Interpreter Needed: ◯ Y ◯ N

Additional Family Information:

Parent/Legal Guardian

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☐ ROI Submitted to Mental Health Intake fax with referral ☐ Parent/Legal Guardian is willing to participate in voluntary Children's Mental Health Intake referral

Name: Relationship:

Phone: Email:

Address:

Preferred Language: Interpreter Needed: ◯ Y ◯ N

Additional Family Information:

Current Symptoms (Mental Health and/or Substance Use):

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Service(s) Requesting:

How to Establish Initial Contact with Behavioral Health Intake:
◯ Client/Parent/Guardian will initiate contact with BH Intake (please give them the contact #: 763-324-1420)
◯ Client/Parent/Guardian has requested that BH Intake contact them (please provide name/phone #)
Name: Phone:
Fax or email all required documents listed above to 763-324-3640 (fax) or RS-HS-AMHintake@anokacountymn.gov