

Referral Date:

Client Information

Name	DOB	Phone	Email
Address	City, State, Zip	County	

Referring Agency

Agency/Organization Name	Referral Contact Name
Referral Contact Title	Phone Email
Supervisor Name	Phone Email

Client Information

Insurance Information

<p>Drug of Choice and Use History:</p> <p>History of CPS, Court, or County Involvement (<i>include reason</i>):</p> <p>Criminal Charges and/or Offenses:</p> <p>Safety Concerns for PRSS (<i>ex: meet in public rather than in-home</i>):</p> <p>Current County Involvement Standing (<i>ex: client in Phase 2 of case plan, which means...</i>):</p>	<p>Primary Provider & PMI#:</p> <p>Secondary Provider (<i>if applicable</i>):</p> <p>MnPRA Information</p> <table border="1"> <tr> <td>Admitted? Y/N – if “no,” provide reason</td> </tr> <tr> <td>PRSS Provider Name</td> </tr> <tr> <td>Date Assigned</td> </tr> <tr> <td>PRSS phone</td> </tr> <tr> <td>PRSS email</td> </tr> </table>	Admitted? Y/N – if “no,” provide reason	PRSS Provider Name	Date Assigned	PRSS phone	PRSS email
Admitted? Y/N – if “no,” provide reason						
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Date Assigned						
PRSS phone						
PRSS email						