



# ITASCA COUNTY HEALTH AND HUMAN SERVICES

## ITASCA RESOURCE CENTER

1209 S.E. 2nd Ave., Grand Rapids, Minnesota 55744-3983

Hearing Impaired Number TDD: 218-327-5549

**218-327-2941**

Visit us at: [www.co.itasca.mn.us](http://www.co.itasca.mn.us)

### Itasca County Rule 79 Children's Mental Health Intake

Intake Date \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

GENDER \_\_\_\_\_ RACE \_\_\_\_\_ TRIBE \_\_\_\_\_ HISPANIC \_\_\_ YES \_\_\_ NO

DISABILITY CODE – (SEVERE OR NOT SEVERE) \_\_\_\_\_

BIO PARENT NAME – MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PREFERRED LANGUAGE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ MAILING ADDRESS (if different) \_\_\_\_\_

NEED FOR CULTURE SPECIFIC PROVIDER \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Please check appropriate insurance: State MA: \_\_\_ IMCARE: \_\_\_ Private Insurance: \_\_\_

\_\_\_\_\_  
Referral Source signature Date Parents signature when appropriate Date

- ENCLOSE A CURRENT DIAGNOSTIC ASSESSMENT THAT HAS BEEN COMPLETED WITHIN THE LAST 180 DAYS
- CHILDREN'S MENTAL HEALTH CASE MANAGEMENT IS BASED UPON ELIGIBILITY CRITERIA OUTLINED IN MN STATUTE 245.4871, Subd. 6
- SCREENINGS FOR CASE MANAGEMENT ELIGIBILITY ARE COMPLETED TWICE WEEKLY
- INCOMPLETE REFERRAL FORMS WILL BE RETURNED FOR COMPLETION TO THE REFERRING AGENCY

Revised: 7/23/2015.CDP.