



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

Itasca County Rule 79 Adult Mental Health Referral

REFERRAL DATE: _____

CLIENTS FULL NAME: _____ DOB _____ SS# _____

GENDER: _____ RACE: _____ TRIBE: _____ HISPANIC: ___ YES ___ NO

QUALIFYING DSM DISABILITY CODE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ MAILING ADDRESS (if different) _____

HOME PHONE: _____ WORK PHONE _____

PHYSICIAN: _____ PSYCHIATRIST: _____

MEDICAID ___ YES ___ NO NOT ELIGIBLE ___ INSURANCE INFORMATION PMI# _____

STATE MA ___ MN CARE/IMCARE ___ SSI ___ IMCARE ___ MN CARE BLUE+ ___ PRIVATE ___

PRIVATE INSURANCE *****NEED COPY OF FRONT & BACK OF INSURANCE CARD**

POLICY # _____ GROUP# _____

HOLDER _____ HOLDER'S DOB _____

DIRECTIONS TO HOME: _____

REFERRAL SOURCE SIGNATURE

DATE

CLIENT SIGNATURE

DATE

- ENCLOSE A CURRENT DIAGNOSTIC ASSESSMENT THAT HAS BEEN COMPLETED WITHIN THE LAST 180 DAYS
- ADULT MENTAL HEALTH IS BASED UPON ELIGIBILITY CRITERIA OUTLINED IN MN STATUTE 245
- SCREENINGS FOR CASE MANAGEMENT ELIGIBILITY ARE COMPLETED TWICE WEEKLY
- INCOMPLETE REFERRAL FORMS WILL BE RETURNED FOR COMPLETION TO THE REFERRING AGENCY