PEOPLE MENTAL HEALTH INCORPORATED SERVICES

REFERRAL FORM
Corrections Integrated Support Program

COUNTY:

Dakota ☐
Ramsey ☐
Anoka ☐

Email your completed form to centralaccess@peopleincorporated.org.
Questions? Call 651-774-0011.

CLIENT INFORMATION:

Date of Referral: Click here to enter a date.	Client Name:
DOB:	Permanent Address:
Assigned Gender:	Preferred Gender:
Race and Ethnicity:	Phone Number:
County of Residence:	Primary Language:

Assault/Violent Crime History? ☐Y ☐N ☐Unknown	On civil commitment? ☐Y ☐N ☐Unknown
Is the client their own guardian? ☐Y ☐N ☐Unknown	Homeless? ☐Y ☐N ☐Unknown
Is there a release date? ☐Y _____ ☐N ☐Unknown	Substance Use History? ☐Y ☐N ☐Unknown

☐ Mental Health Diagnosis:	
☐ Secondary MH Dx:	
☐ Tertiary MH Dx:	
☐ Choose an item.	
☐ Chronic Illness:	
☐ Medication:	
☐ Substance Use History:	

REFERRAL AGENT:

Name:	Jail staff: ☐ Correctional Care staff: ☐ Self: ☐
Phone:	MEND: ☐ County Staff: ☐
Email:	

OTHER NOTES:	