PEOPLES DEVELOPMENT SERVICES
St. Paul Office: 665 Snelling Ave N, St Paul, MN 55104
Minneapolis Office: 3617 E. Lake Street Ste A-3, Minneapolis, MN 55406
Phone: 612-332-9124 Fax: 612-332-9867 Email: contact@pdsminn.org
www.pdsminn.org

REFERRAL FORM

Referrer's Information:

Date of Referral: _____

Name: _____ Agency:_____
Position:_____ Email:_____
Phone:_____ Fax:_____

Client Information:

Client Name: _____ Date of Birth: _____
Social Security Number (optional): _____ Gender: _____
Address: _____ City/State/ZIP:_____
Cell Phone: _____ Email: _____
Preferred Contact Method: ☐ Cell ☐ Email ☐ Text

Race/Ethnicity (optional): _____Preferred Language: _____
Interpreter Needed? ☐ Yes ☐ No Language: _____
Legal Guardian/POA (if applicable): _____
Emergency Contact: _____ Relationship:_____
Emergency Contact Phone: _____ Email:_____

Referral Request:

Requested Services (check all that apply):
☐ ARMHS ☐ Psychotherapy ☐ Gambling Treatment ☐ CTSS
☐ Housing Support (GRH) ☐ 245D Services ☐ Wraparound services-MNsure
☐ Benefits/SSDI Assistance ☐ Transitional Services ☐ Other: _____

Reason for Referral:

_____
_____

Current Mental Health / Medical Information:

Current Mental Health Diagnosis (if known): _____
_____
Current Medical Diagnosis (if applicable):_____
_____
Safety Concerns / Risk Factors (if applicable):_____
_____

Insurance Information:

Primary Insurance: _____Member ID: _____
Group Number: _____ Medicaid/MA Number: _____
Other Insurance: ☐ No ☐ Yes: _____