

RED LAKE COUNTY INTERAGENCY INFORMATION FORM
(Attachment to Child Health and Family History Form)
SPECIFIC INFORMATION ON CHILD:

Child's name: _____

Child's age: _____ Years _____ Months

Social Security Number: _____

Grade: _____

MARSS ID#: _____

Other ID#: _____

Directions to home: _____

SPECIFIC INFORMATION ON PARENTS:

Address (Complete only if address is different than child's address and please indicate name of parent.):

Email Address: _____

Email Address: _____

GENERAL INFORMATION:

Resident School District Name: _____ District #: _____

Serving School District Name: _____ District #: _____

Resident County Name: _____ County #: _____

Serving County Name: _____ County #: _____

Initial IIP only/Referral by: _____ Date of Referral: _____

Primary Disability: _____

Diagnosis Code: DSM-IV: _____

ICD 9: _____

IIP Meeting Date: _____

Project IIP Review Date: _____

Parent(s) description of child/student's strengths and concerns/needs:

Assistance needed for child/student and family in near future:

We can help you find resources who may be able to help you in these areas:

For Your Child:

- Communicating
- Learning
- Nutrition, eating
- Having fun with other children
- Challenging behaviors or emotions
- Other

For Your Family:

- Meeting other families with children the same age
- Recreational programs
- Finding a support group
- Balancing work and family
- Help with personal family problems
- Adult reading programs, GED, etc.
- Jobs and training, career counseling
- Child care
- Transportation
- Clothing
- Food
- Public assistance
- Health or dental care
- Other: _____

How would you describe the health of your child and your family?

Have there been any changes or problems in your family that might affect your child?
(Examples: new brother or sister, a death in the family, a move, financial problems and not enough food for the family)

Things about raising my child that are hard for me are:

What do you enjoy about being a parent of your child?

What else do you think would be helpful for others to know about your child or your family?

Is there extended family (aunts, uncles, grandparents, etc.) that is significant in your child's life? _____ Who are they? _____

Are they _____ in your home _____ living in your community _____ other?

Does a day care provider serve the child regularly? If so, give name, address and phone number _____

SERVICES AND AGENCY CHECKLIST

Has the child **received** any of the following services or financial support?

- SSI
- County Nurse
- Head Start
- Other Early Childhood Programs
- MFIP
- EPS/WIC
- MA-MNCare
- Mental Health
- Respite Care
- Other

Is the child **currently** receiving any of the following services or financial support?

- SSI
- County Nurse
- Head Start
- Other Early Childhood Programs
- MFIP
- EPS/WIC
- MA-MNCare
- Mental Health
- Respite Care
- Other

Is your child **currently** receiving services from any of the following agencies?

- Inter-County Nursing Services
- Red Lake County Social Services
- Caseworker Name: _____
- Head Start/Inter-County Community Council
- Northwest Mental Health Center
- Tri-County Community Corrections
- Probation Officer Name: _____
- Red Lake County Sheriff's Department
- Public School Education: Red Lake Falls, Oklee or Plummer