

# Red Lake County Interagency Central Point of Intake Form

Date of Referral \_\_\_\_\_ Referral Made By \_\_\_\_\_

Has referral been discussed with parents? \_\_\_\_\_

Has anyone else been contacted about this need? \_\_\_\_\_ Who? \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
\_\_\_\_\_

Place of Birth \_\_\_\_\_ School District \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Directions to Home \_\_\_\_\_

## **SPECIFIC CHILD INFORMATION**

Child's Age \_\_\_\_\_ years \_\_\_\_\_ months Child's Sex \_\_\_\_\_

Has child been diagnosed as impaired or handicapped? \_\_\_\_\_

If yes, when and where was diagnosis made? \_\_\_\_\_

By whom was it made? (name, title address) \_\_\_\_\_

What was the diagnosis? \_\_\_\_\_

Current Concerns \_\_\_\_\_  
\_\_\_\_\_

## **REFERRAL INFORMATION**

Who was referral assigned to? \_\_\_\_\_ Date \_\_\_\_\_

Referral Taken By \_\_\_\_\_