**ANOKA COUNTY PARENT SUPPORT OUTREACH PROGRAM**

**REFERRAL FORM**

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| **Date of Referral** |  |
| **Referral From** |  **Phone:** |
| **Case Name:** |  **DOB:** |
| **Address:** |  |
| **Home Phone:** |       |
| **Work Phone:** |       |
| **Cell Phone:** |  |
| **Primary Language:** |  |

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| **Family Members** |
| **NAME** | **RACE** | **DOB** | **GENDER** | **GRADE** | **SCHOOL** |
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| **PSOP Criteria** |
| [ ]  | Has a child under the age of 10 |
| [ ]  | Family resides in Anoka County |
| [ ]  | Family is willing to work on a case plan for 3 months |
| [ ]  | Meets risk criteria (is a member of a screened out child protection report **OR** meets 2 or more of the following risk criteria) |
| [ ]  | Screened Out Child Protection Report | [ ]  | Substance Abuse |
| [ ]  | Poverty | [ ]  | Behavioral Health |
| [ ]  | Domestic Violence | [ ]  | History of Abuse or neglect |
| [ ]  | Homelessness |  |  |

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| **Brief Summary** |
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| **CONSENT FOR RELEASE OF INFORMATION & PARTICIPATION WITH PSOP PROGRAM** |
| I agree to allow Anoka County Financial Services, the Individual or Agency making the referral and the Parents Support Outreach Program to exchange data about my children and myself. The consent is ongoing and data may be shared as needed between all of the individuals or agencies. This data consists of data about my eligibility for assistance and will be used to provide services to my family and me. This data is private. I know I can refuse to release this data. I know I may not get all available services if I refuse. My consent ends one year after the date I sign. I may cancel my consent in writing at any time.I understand that participation with the PSOP program consists of working with a social worker from one of our vendors for up to three months. I understand that we will work together to develop a case plan with the goal of connecting my family community supports while stabilizing our family’s current situation. **Please Initial here:\_\_\_\_\_\_\_\_\_**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |