



# Family Alternatives

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## Child/Youth Referral Form

Placement \_\_\_ Respite \_\_\_

Child/Youth \_\_\_\_\_

Date: \_\_\_\_\_ County \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_ ICWA? Yes No

Worker \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Gender \_\_\_\_\_

Siblings? Yes No      Number \_\_\_\_\_      Separate for placement? Yes No

Strengths/Interests	Trauma History
Family Relationships/Contact	Social History
Relationship Strengths/Needs	Needs/Concerns
Medical/Physical Information	Mental Health Information/Plan

(more information on reverse)

School \_\_\_\_\_ Grade \_\_\_\_\_ Remain in same? Yes No

IEP? Yes No Level \_\_\_\_\_ Setting \_\_\_\_\_

Permanency Plan \_\_\_\_\_

Length of Placement \_\_\_\_\_

Supervision Needs \_\_\_\_\_

Placement Preferences (spiritual needs, household make-up, location, pets)

\_\_\_\_\_  
\_\_\_\_\_

Foster parent signature below acknowledges receipt of referral information.

Signature \_\_\_\_\_ Date \_\_\_\_\_