Main Street FAMILY SERVICES Family Training & Counseling Referral

Date of Referral:	

Client Information				
Name:		Address:		
Phone:		City:	State:	Zip:
DOB:	Sex:	Race:	SSN:	
Preferred Contact Method:				
PMI#	Medicare#	Other Insurance:		
County of Residence:		Financial County:		
Legal Status/Representative:		Email:		

Case Manager			
Name:	Address:		
Phone:	City:	State:	Zip:
Email:			

Legal Representative			
Name:	Address:		
Relationship:	City :	State:	Zip:
Phone:	Email:		

Residential Program			
Organization:	Address:		
Contact Person:	City:	State:	Zip:
Phone:	Email:		

Day Program/School			
Organization:	Address:		
Contact Person:	City:	State:	Zip:
Phone:	Email:		

Employment Support Program			
Organization:	Address:		
Contact Person:	City:	State:	Zip:
Phone:	Email:		

Main Street Family Services
MainStreetFamilyServices.org
administrator@mainstreetfamilyservices.org

Main Office
400 Jackson Ave
Elk River, MN 55330

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Primary Correspondent/Family Contact			
Name:	Address:		
Relationship:	City:	State:	Zip:
Telephone:	Fax:		

Diagnosis (Please include all diagnosis)

Training Services Requested (Select all that apply)

Person Supported:

- ☐ Self-advocacy Skills
- ☐ Civil Rights, Service Rights, Control & Responsibility
- ☐ Other Supports

Person and/or Family:

- ☐ Learn to apply Person-centered Principles
- ☐ Learn to implement techniques and strategies to support person in their home
- ☐ Other Supports

Counseling Services Requested (Select all that apply)

- ☐ Communication Techniques
- ☐ Conflict Management
- ☐ Coping and Wellness Strategies
- ☐ Roles, Boundaries and Relationships
- ☐ Positive Support Strategies
- ☐ Other:

Expected Outcome (Service recipient)

Is the person supported at risk of losing the current placement? ◯ Yes ◯ No

Person making the referral:

Relationship to the person receiving services:

Person taking the referral (if applicable):

How quickly is MSFS intervention needed?

- ◯ Within 48 hours
- ◯ Within 72 hours
- ◯ Within one week
- ◯ Within two weeks

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Information Needed
☐ CSP/CSSP ☐ Consent for Release of Information ☐ Current Psychological Assessment ☐ Current Individualized Education Plan (if consumer is attending school) *Please send updated CSSP once a new service has been entered

You may email, print and FAX or mail a printed copy of your application to:

Main Street Family Services
400 Jackson Ave NW
Suite 101
Elk River, MN 55330

administrator@mainstreetfamilyservices.org

Phone: 763.595.1420
FAX: 763.595.1421

Information for Case Manager/County of Financial Responsibility
Main Street Family Services
NPI # 1124534359
Service Type: Family Training Service Code: S5110
Service Type: Counseling Service Code: H0004
Rate/Unit: $28.50
Units Requested:
Waiver Type: ◯ CADI ◯ DD ◯ BI ◯ CDCS
County Code:

More intense services are available. Check here if interested ☐