

**Mothers First Does NOT Accept Handwritten Referrals**

Date: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
 Participants Race: \_\_\_\_\_ Preferred Language Spoken: \_\_\_\_\_  
 Does participant need an interpreter: ☐ Yes ☐ No  
 Does participant identify as American Indian: ☐ Yes ☐ No  
 Are you aware of any Native American Heritage in your family? ☐ Yes ☐ No  
 If yes, please specify which tribe your family is connected to? \_\_\_\_\_  
 Has participant worked with MF before: ☐ Yes ☐ No If yes, when: \_\_\_\_\_  
 Is participant currently pregnant: ☐ Yes ☐ No If yes, expected due date: \_\_\_\_\_  
 Is participant receiving prenatal services: ☐ Yes ☐ No If yes, where: \_\_\_\_\_  
 Is participant interested in Doula Support: ☐ Yes ☐ No  
 Is participant interested in Public Health Nurse Support: ☐ Yes ☐ No  
 Does participant have an open CPS Case: ☐ Yes ☐ No If yes, what county: \_\_\_\_\_  
 CPS worker contact information: \_\_\_\_\_  
 Does participant have children? If yes, please list children below: ☐ Yes ☐ No

Child's First / Last Names	DOB	Age	Active Insurance?	In out of home placement?	Need birth certificate?	Need Social Security Card?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\*If participant have more than 4 children, please put their information in the "Additional Information" box at the bottom\*\*\*

\*\*\*Participant must be pregnant or parenting a child aged 3 or under to qualify for our program\*\*\*

Does participant need: ☐ Birth Certificate ☐ Social Security Card  
 Is participant receiving General Assistance or any other Financial Support from Ramsey County: ☐ Yes ☐ No  
 Is participant employed: ☐ Yes ☐ No  
 Has participant completed a substance use assessment in the last 30 days: ☐ Yes ☐ No  
(Rule 25/ Comp Assessment)  
 If no, a comp assessment will need to be completed to participate in MF program to receive case management services  
 Is participant using any medication to treat substance use: \_\_\_\_\_  
 Participant's substance(s) of choice: \_\_\_\_\_ Last date of use: \_\_\_\_\_  
 Is participant in treatment: ☐ Yes ☐ No If yes, where: \_\_\_\_\_  
 Does participant have health insurance: ☐ Yes ☐ No Insurance provider: \_\_\_\_\_  
 Is participant currently seeing mental health therapist: ☐ Yes ☐ No  
 Mental Health Provider contact information: \_\_\_\_\_  
 Mental Health Diagnosis: \_\_\_\_\_  
 Does participant need a mental health assessment: ☐ Yes ☐ No  
 Is participant currently on probation: ☐ Yes ☐ No If yes, what county: \_\_\_\_\_  
 Probation officers contact information: \_\_\_\_\_

Does participant have current pending charges: ☐ Yes ☐ No

If so, what are they: \_\_\_\_\_

Is participant working with other providers/professionals: ☐ Yes ☐ No

What are you/participant hoping to gain working with Mothers First: \_\_\_\_\_

**Please add any additional information you may believe to be relevant**

Referent's Name	Referral Agency	Referral's Number	Referral Email	ROI Attached
				<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\*Without a Release of Information (ROI), we are unable to disclose any details regarding the participant\*\*\*