Peoples Development Services
665 Snelling Ave N, Saint Paul, MN 55104
3617 E. Lake Street Ste A-3, MPLS, MN 55406
Website: pdsmnn.org
OFFICE 612-332-9124 FAX 612-332-9867

DATE: _____

REFERRAL SOURCE (AGENCY/PERSON) _____ ADDRESS _____ PHONE_____

FAX NUMBER _____ EMAIL_____

CLIENT'S NAME _____ DOB _____

ADDRESS _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

SOC. SEC. # _____GENDER _____ AGE _____ RACE/Ethnicity _____

WHAT LANGUAGE THE CLIENT SPEAK? □ **ENGLISH** □**SOMALI** □**OROMO** □ **AMHARIC** □ **KAREN** □ **Hmong** □ **Arabic** □ □ **OTHER**

LEGAL GUARDIAN OR ATTORNEY (IF APPLICABLE) _____

EMERGENCY CONTACT _____ PHONE _____

REASON(S) FOR REFERRAL (CHECK ALL THAT APPLY)

□ GAMBLING TREATMENT □ ARMHS □ INDIVIDUAL THERAPY
□EMPLOYMENT □ CTSS □ Hennepin County-SUPPORTIVE HOUSING □ 245D WAIVER SERVICES □ Legal-Immigration & Expungement Resources
□ SOCIAL SECURITY DISABILITY (SOAR) □ TRANSITIONAL SERVICES □ OTHER

PRIMARY HEALTH INSURANCE NAME _____

ID # _____ **GROUP #** _____ MEDICAID #_____

DOES CLIENT HAVE ANY OTHER FORM OF INSURANCE? YES/NO: WHAT IS/ARE CLIENT CURRENT MH OR PHYSICAL HEALTH DIAGNOSIS:

PLEASE FAX THIS COMPLETED FORM TO (612) 332-9867
EMAIL TO CONTACT@PDSMINN.ORG PDSMNN@GMAIL.COM