



Parent Psychoeducational Class | Enrollment Form

Complete the attached form and send to intake@wlcfs.org. We will review the background information you provide, including your family's social history and the presenting concerns that led you to enroll in parenting skills programming. **If you or a family member are not a current CFS client, our Support Staff will contact you to schedule an intake appointment.**

Client Information:

Name:	Date of Birth:	Race/Ethnicity:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	School & Grade:	
CONTACT NUMBERS:		Message ok? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS:		

Payment Information: The Parent Psychoeducational Class is billed as an outpatient psychotherapy group. If you do not have insurance or if your insurance plan does not cover services, the you will be responsible for the fees associated with group participation.

Type of Insurance <input type="checkbox"/> Medicaid (county) <input type="checkbox"/> HealthPartners <input type="checkbox"/> BCBS <input type="checkbox"/> Other
Name of Primary Policy Holder _____
GROUP#
Insurance ID# _____ Phone # _____

Additional Comments _____

FOR OFFICE USE ONLY: Referral Source Information

Name	Mailing Address
Phone#	Email address
Other notes about this referral	

Thank you for the opportunity to serve your family.