



Parenting Skills Class | Referral Form

Complete the attached form and send to intake@wlcfs.org. We will review the background information you provide, including the referred family's social history and the presenting concerns that led to a referral for parenting skills programming. **If this family does not include a current CFS client, our Support Staff will contact the referred family 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 Psychoeducation Class is billed as an outpatient psychotherapy group. If the referred family does not have insurance or if the insurance plan does not cover services, the client will be responsible for the fees associated with group participation.

Has the referral source reviewed this payment procedure with the client? YES__ NO__

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 #

Referral Source Information: Please complete this section so we can contact you after the referral is made.

Name	Mailing Address
Phone#	Email address
How did you hear about Christian Family Solutions' Parent Psychoeducation Class?	

Additional Comments _____

Thank you for the opportunity to serve this family.