



HUNTER'S PLACE, LLC

Hunter's Place, LLC
 1400 Cheryl Ave
 Marshall, MN 56258
 Phone: 507-337-9762
 Fax: 507-337-9763

Referral Questionnaire

Referral Type:

- Shelter Group Home
- Short-term stay
- Truancy Weekend
- Respite

Youth Information:

Name:	DOB:
Race:	Tribe:
SSN:	Current Residence:

Referral Source Information:

Name:	Title:
County:	Phone Number:
Fax Number:	Email Address:
Mailing Address:	
Type of Placement: <input type="checkbox"/> Court Order <input type="checkbox"/> Social Services <input type="checkbox"/> Voluntary <input type="checkbox"/> Other:	
Guardian ad Litem: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and contact information.	

Family Information:

Father's Name:	DOB:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Step		TPR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Phone:	Mailing Address:		
Mother's Name:	DOB:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Step		TPR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Phone:	Mailing Address:		
Sibling's Name:	Mailing Address:	DOB:	Contact Limitations:



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Sibling's Name:	Mailing Address:	DOB:	Contact Limitations:
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Strengths of Youth and Family:

Cultural and Spiritual Needs:

School Information:

Current School:	Current Grade:
Address:	Phone Number:
Academic Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioral Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No
Truancy Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan? If yes, send copy. <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information:

Primary Physician:	Address and Phone Number:
Primary Dentist:	Address and Phone Number:
Primary Ophthalmologist:	Address and Phone Number:
Current Pharmacy:	Address and Phone Number:
Allergies:	Reactions:

Special Dietary Needs? Yes No

If yes, please describe.



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Physical Disability? Yes No

If yes, please describe.

Intellectual Disability? Yes No

If yes, please describe.

Mental Health:

Date of Diagnostic Assessment:	Provider:
Diagnosis:	
Any other mental health assessments completed i.e. Neuropsychological assessment, FASD assessment, etc.	

Medications:

Name of Medication	Strengths/Mg	Frequency	Name of Prescriber

Insurance Information:

Primary Insurance Provider:	A Copy of Insurance Card is required
Secondary Insurance Provider:	A Copy of Insurance Card is required

Does the youth have an Out-of-Home Placement Plan Yes No

(If yes, please send with referral)

Placement History:

Year	Reason	Location



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Trauma History: Physical Abuse Emotional Abuse Sexual Abuse
 Parental Drug Use Witnessed Domestic Violence Child Protection Involvement
 Sibling Separation Experienced Homelessness

If yes to any of these, please describe:

Behaviors: Aggression or History of Aggression Sexualized Behaviors
 Self-harming Behaviors Suicide Attempts or Ideation

Chemical Use Issues? Yes No **Current Rule 25?** Yes No

If yes, please describe.

Run Risk Yes No

Date of youth's most recent time on run:

Number of previous runs and dates of previous runs:

Places the youth goes when on run:

Youth's reasons for running:

Is the youth currently on probation? Yes No

If yes, please provide name and contact information for current probation officer.

Criminal Offenses:

Year	Offense and Level	Outcome



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Please list your goals of placement:

Where would the youth go upon successful discharge from Hunter's Place, LLC?

Date you are needing placement by:

Please list anything additional you think we should know:
