RAMSEY COUNTY
Social Services

PROJECT ASSIST

Date: _____ Person making referral: _____

Referent Phone: _____ Referent Address: _____

Child Name: _____ DOB: _____ ◯M ◯F

Ethnicity: _____ SSN: _____

School: _____ Grade: _____ Phone: _____

Parent(s): _____ Phone: _____

Address: _____

Medical Insurance (Name and ID number): _____

Please indicate yes or no for questions below, if yes, please describe.

School Issues ◯ Y ◯ N

Previous MH Tx ◯ Y ◯ N

Suicidal/Depressed ◯ Y ◯ N

Oppositional ◯ Y ◯ N

Sexuality Issues ◯ Y ◯ N

Attentional/Impulsive ◯ Y ◯ N

Aggressive ◯ Y ◯ N

Anxiety ◯ Y ◯ N

Bizarre Thinking/ Behavior ◯ Y ◯ N

Chemical Abuse ◯ Y ◯ N

Recent/Past Trauma ◯ Y ◯ N

Other information:

To refer a child, please complete this form and a release of information for Project ASSIST and fax them to Project Assist Program Coordinator, at 651-266-7874. A completed PSC form is also required.

Staff Use Only:

Date Received: Date Assigned:

Project ASSIST staff counselor assigned: