

515 Bridge Street E Park Rapids, MN 56470 Phone: 218-366-9229

= ax: 218-237-2520

1426 Bemidji Ave NW Bemidji, MN 56601 Phone: 218-444-2233 Fax: 218-237-2520 II Main Street NW Menahga, MN 56464 Phone: 218-564-9229 Fax: 218-237-2520

Lake Country Associates

Adult Rehabilitative Mental Health Services (ARMHS) Referral Form

Person Making Referral:			Referral Date:		
Agency:		Agency Phone:			
Client Name:					
Client Phone:					
Referral to which AR	MHS Team: □	Park Rapids □	Bemidji		
DA Completed by:			DA Date:		
Diagnosis:					
Client Goal Areas:	☐ Medical☐ Employment☐ Financial	☐ Dental ☐ Educat ☐ Social :		☐ Chemical Use☐ Housing☐ Independent Living Skills	
Other (please list): _					
Is referring Clinician	willing to participa	te in treatment plannir	g with client, ARM	HS Clinical Supervisor and	
ARMHS Practitioner:			VHODAS Completed? ☐ Yes ☐ No		
Funding Source:	□ MA □	CSP Other:			
	***Fax Comp	leted Referral Form	to: 218-237-252	20 ***	
		For LCA Use -			
Funding Verified by:		Da	ite Verified:		
LCA Client ID:					
Client Assigned to (P	ractitioner):		Date:		
Clinical Supervisor's	Signature:		Date:		