



*Oshki Manidoo*  
New Spirit. New Life.

**WHITE EARTH OSHKI MANIDOO CENTER**  
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**REFERRAL FOR SERVICES**

**REFERRING AGENCY INFORMATION**

Person Making Referral:		Phone #:	
Agency/County/Tribal Authority:			
Mailing Address:			
Fax #:		Email:	

**REASON FOR REFERRAL**

<input type="checkbox"/>	Rule 25 Assessment Indicates Need for Residential Treatment	Date of Assessment:	
<input type="checkbox"/>	Rule 25 Assessment Requested/Attached	<input type="checkbox"/>	Rule 25 Assessment Needed

**Legal authority for client placement:(check all that apply)**

<input type="checkbox"/>	Voluntary Placement	<input type="checkbox"/>	CHIPS (ICW)
<input type="checkbox"/>	Court Ordered	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Civil Commitment: *Please attach Civil Commitment Order.	<input type="checkbox"/>	Other: _____

**POTENTIAL CLIENT IDENTIFYING INFORMATION (\*Must have release of information to complete this section)**

<input type="checkbox"/> check if release of information obtained											
Full Name:				Nickname(s):				Date of Birth:			
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Age	<input type="checkbox"/>	Pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Minor Children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ages:
Last Known Address:											

Referral Received By:		Date:		Time:	
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**FOLLOW-UP TO REFERRAL:** Documentation of follow-up activities: (pre-admission interview, admission arrangements, client not admitted-give reason, releases, records requested, intake date scheduled, date intake occurred - date & sign each entry).