

Internal use only:

## **Lower Sioux Indian Community**

## Woniya Kini Behavioral Health Services

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## General Referral for Comprehensive Use Assessment

Date: Click or tap t	o enter a date.
Referent: Click or t	tap here to enter text.
Phone number of	referent:Click or tap here to enter text.
*Please send rele	ease of information, court order, case plan or other applicable informa
Client information	:
Name:Click or tap	here to enter text.
DOB: Click or tap t	o enter a date.
Current address:	Click or tap here to enter text.
Mailing if different	::Click or tap here to enter text.
Phone number:Cli	ick or tap here to enter text.
ls client own lega	l guardian? □Yes □No
If no, who has cus	stody?Click or tap here to enter text.
Parent/legal custo	odian phone number:Click or tap here to enter text.
Comments: Click of	or tap here to enter text.

Date received Initials