



Lower Sioux Indian Community

Woniya Kini Behavioral Health Services

P.O. Box 308

39568 Reservation Highway 1

Morton, MN 56270

Ph.: (507) 697-8680 Fax: (507) 697-9111

Referral for Comprehensive Use Assessment

Date: Click or tap to enter a date.

Referring agent: Click or tap here to enter text.

Phone number of referring agent: Click or tap here to enter text.

***Please send current court order with referral**

Client information:

Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Current address: Click or tap here to enter text.

Mailing if different: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Is client own legal guardian? Yes No

If no, who has custody? Click or tap here to enter text.

Parent/legal custodian phone number: Click or tap here to enter text.

Comments: Click or tap here to enter text.

Internal use only:

Date received

Initials