Family Advocacy in Recovery & Restoration (FARR)
Referral Form

Date of Referral: _______________

Return Form to: FARR Team
FARR@familyservicerochester.org
Fax: (507) 361-1246

Please mark the county of residence:

- ❑ Olmsted
- ❑ Winona
- ❑ Goodhue

MN Prairie:
- ❑ Dodge
- ❑ Steele
- ❑ Waseca

Agency/Individual Making Referral: ______________________________ Phone: ______________________

Parent Name	DOB	Phone Number	Email

Race: ______________________________ Hispanic: ☐ Yes ☐ No

Primary Language: ______________________________ Interpreter Services Needed: ☐ Yes ☐ No

Is Client Pregnant: ☐ Yes ☐ No Estimated Due Date:

Current Chemical/Alcohol Concerns?	☐ Yes ☐ No ☐ Unknown	Drug of Choice:
History of Chemical/Alcohol Use?	☐ Yes ☐ No ☐ Unknown	Drug of Choice:

Child(s) Name	Age	M/F	DOB	Race	Hispanic Y/N	Place of Residence

Reason for Referral:

Please contact FARR team if you have questions regarding this referral
Thank You
FARR@familyservicerochester.org
(507) 780-1628 or (507) 287-2010