

THERAPEUTIC SERVICES AGENCY, INC.

220 Railroad Street SE • Pine City, MN 55063 • (320) 629-7600 • Fax (651) 925-0071

Referring Worker Checklist

Please include all of the information requested on this document for the intake procedure.

Demographic Information:

- Date of Birth
- Copy of Birth Certificate
- Copy of social security card
- Parent address and contact information
- Guardian Ad Litem information
- Other worker (probation, et cetera) information

Medical Information:

- Medical Insurance information – child and parent, if applicable
- Copy of or original medical insurance card
- Most recent physical – date and clinic, copy of physical is preferred
- Most recent dental exam – date and clinic, copy of exam is preferred

School Information:

- School transcripts
- Copy of most recent IEP, if applicable

Mental Health Information:

- Copies of relevant psychological testing, diagnostic assessments, most recent preferred
- Social history of child/family, if applicable
- Indication of psychiatric provider, if applicable
- Updated medication list
- Prescriptions filled/refills in hand at time of intake

Placement Agreements:

- DOC – Difficulty of Care rating established
- Placement Agreement with TSA will be signed at the time of intake or prior
- TSA paperwork – TSA paperwork will be signed by the guardian of the child at the time of intake, and *may* be completed ahead of time if arrangements are made ahead of time