

COMMUNITY CONCERN FOR YOUTH Todd and Wadena Counties

CCY REFERRAL FORM

Youth's Name: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Parents or Guardians Names: _____

Address: _____

Phone: (____) _____

Date Parents Informed of Referral: _____

Referral Source (Name): _____

Reason for Referral/Comments: _____

Send Referrals To:

Todd County:

Email: haley.piotrowski@co.todd.mn.us

Fax: (320)-732-6197

Wadena County:

Email: dan.huebsch@co.todd.mn.us

Fax: (218)-631-7620