



TURNING LIVES AROUND.

180 Degrees GRL Referral Form

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Clients Name: _____ Date of Birth: ____/____/____

Referral Source:

Agent/Case worker Info:

Anticipated move in Date: ____/____/____

Governing Offense:

Funding Source:

MI/CD Issues:

Programming Objective:

Restraining Order name if any:

Is the client Employed?

Is the client in Treatment?

Has the client lived at GRL before?

Is the client willing to participate in programming and willing to follow GRL policies and procedures?

Comments from Referral Source:

Signature of Referring Agency Personnel: _____

Referral Date: ____/____/____

180DEGREES.ORG

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Minneapolis, MN 55403

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St. Paul, MN 55106

**YOUTH SHELTER AND HOUSING
COMMUNITY RE-ENTRY
SUPPORTIVE SERVICES**