

**Minnesota Monitoring, Inc.**

**Family Service Intake Form**

24 Hour Fax Number 1-763-253-5405 Telephone Number 1-763-253-5401

Client Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Sex:  M  F Social Security # \_\_\_\_\_ County Pay  Client Pay

**ADULT AND JUVENILE PROGRAMS:** (Please check one)

BREATH ALCOHOL TESTING  ETG TESTING

DRUG TESTING Assigned Color \_\_\_\_\_ Observed? (check one) yes no

(Please check) *One-time* *Random* *Weekly* *Monthly* *Pre/Post Visitation*

Urinalysis \_\_\_\_\_

Hair \_\_\_\_\_  Oral Fluid Screen

Visitation Schedule (if applicable) Days \_\_\_\_\_ Hours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL NOTIFICATION AND REPORTING:**

County Agency \_\_\_\_\_ Supervising County Agent \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_