



Adult Representation Services

HELP Referral Form

NOTE: *If the family has been contacted by child protection and would like to talk to an attorney as soon as possible regarding their rights, please provide them with the ARS Intake phone line in addition to completing this referral form. **ARS Intake Phone #: 612-348-7012***

Date of Referral:

Referred by:

Name:

Title/Agency:

Phone:

Email:

Parent Information (Prospective client):

Name:

Date of Birth:

Address:

Phone:

Email:

Preferred contact method:

Best day/time to contact:

Race:

Tribal affiliation:

Primary language:

Ages of children:

Eligibility Questions

1. Does the parent reside in Hennepin County?

Yes

No

2. Does the parent have limited financial resources? (ARS will contact the parent to complete a full financial screen to ensure eligibility for HELP services)

Yes

No

3. Parent/family has experienced (check all that apply):

Reported to child protection (or may be in the near future)

Recent history of welfare checks by law enforcement

Recent contact with child protection

Currently receiving services through child protection outside of court

Past/present illicit substance or alcohol use that may lead to a CP report

Difficulties accessing mental health care for parent or child that may lead to a CP report

A prior transfer of custody or termination of their parental rights

Other:

4. Parent is aware of this referral:

Yes

No

Please describe the reason for the referral, including details about the family's current situation:

Submit completed referral form via email or fax to:

Hennepin County Adult Representation Services
525 Portland Ave., Ste 1000, Minneapolis, MN 55415-1600
Main Office: 612-348-7012 | Fax: 612-543-0938
Email: ContactARS@hennepin.us
<http://www.hennepin.us/ars>