

Sanford Health Behavioral Health
New Beginnings Re-entry Project
Referral Information Form

(The vision of this project is to connect individuals with a felony level conviction, **prior** or **after** their release from a County or State Correctional Facility; provide and assist them with engaging in Recovery Support Services and/or Substance Use Disorder Treatment and overcoming barriers for ancillary services due to the felony conviction, level 1-3 sex offense or other predatory offense.)

Date of Referral: _____

Referral Source: _____ Referent's Phone Number: _____

Referent's Email: _____

Reason for Referral: _____

Client Name: _____

Phone: _____ Date of Birth: _____

Primary Address: _____

Current Charges or Conviction: _____

Any past or present Felony or Sex Offenses: _____

In Custody?: YES NO Next Hearing Date: _____

Probation Agent: _____ County: _____

Is the client aware and in support of this referral? Yes No

Additional Information:

Please email referrals to taylor.hartje@sanfordhealth.org

Or fax to 218-444-3212 Attn: Taylor Hartje

Or call 218-556-8753 for more information

PAR Supervisor: Melinda Broden 218-333-2232