



Community and Veterans Services

Beth Crook, Director

525 2nd Street SE

Milaca, MN 56353

Phone: 320-983-8208, Toll Free: 888-270-8208, Fax: 320-983-8306

Mille Lacs County Public Health Referral

Date: _____

Parent/Guardian(s) Name: _____ Prefers Text: YES NO

Address: _____ Phone: (____) ____ - _____

Due Date (if Pregnant) ____/____/____ Mom DOB: ____/____/____ 1st Baby: YES NO

Infant's Name: _____ Sex: Male Female

Infant DOB: ____/____/____ Infant Birth Weight: _____ Birth Height: _____

Medical/Health Concerns about Mom or Baby: _____

Names and ages of other children in the home: _____

Parent/Guardian(s) aware of referral: YES NO Significant other involved: YES NO

Is Mother Interested in WIC: YES NO Already Participating

Does the family need a car seat for any children in the home: YES NO

Referring Staff: _____ Title: _____ Phone: _____

Please check the box for any of the following that are true:

- Marital Status: Single, Divorced, Separated, Widowed
- Receives Medical Assistance (MA) and/or has income at/less than 200% of federal poverty guidelines
- Lack of support network
- History of and/or current substance use or abuse
- Minimal or late prenatal care
- History of and/or current mental health concerns
- Teen
- Considered adoption or abortion
- Unstable housing
- Parenting concerns
- Other concerns



Please fax this referral form to: (320) 983-8306
Attn: Public Health Staff



Or email to: cvs.reception@millelacs.mn.gov