



ITASCA COUNTY HEALTH AND HUMAN SERVICES ITASCA RESOURCE CENTER

1209 SE 2nd Avenue, Grand Rapids, Minnesota 55744-3983

Hearing Impaired Number TDD: 218-327-5549

(218) 327-2941

Visit us at: www.co.itasca.mn.us

REQUEST FOR COUNTY – PAID DIAGNOSTIC ASSESSMENT SERVICES

Family Name: _____

Child Name: _____

Request for Itasca County authorization to pay for a diagnostic assessment for this child based on the following: (Please check all that apply)

- The family/ child does not have insurance coverage for this service, or
- Have insurance coverage but does not cover this service.
- Child needs a diagnostic assessment to make an INITIAL eligibility determination for mental health services deemed medically necessary.
- Other: _____

Additional Notes:

Request made by: _____

Date Forwarded to County: _____

Approved: YES _____ NO _____

Signature of County Representative

Date

Equal Opportunity Employer