

Washburn County Health & Human Services Department
 Comprehensive Community Services (CCS)
 Referral Form

Name:		Phone:	
DOB:			
Address:			
Name of Referrer:			
Date of Referral:			

Does consumer have Medicaid (MA, Badgercare, etc): Yes No

Type of Referral: (all that apply)

Mental Health Substance Abuse

Please list diagnoses, if known:

Past or Current Services (check all that apply)

<input type="checkbox"/> MH Counseling/Therapy	<input type="checkbox"/> Substance Abuse Counseling
<input type="checkbox"/> AA or NA Meetings	<input type="checkbox"/> Probation
<input type="checkbox"/> Inlusa/IRIS	<input type="checkbox"/> IEP (if student)
<input type="checkbox"/> Psychiatric Hospitalization	<input type="checkbox"/> Inpatient Substance Abuse Treatment
<input type="checkbox"/> Psychiatry/med management	<input type="checkbox"/> Involvement with CPS (Current)
<input type="checkbox"/> Drug Court	<input type="checkbox"/> Under Guardianship (adult only)
<input type="checkbox"/> Other:	

Please include any information that may be useful to better understand the needs of the consumer. Note any known goals for the consumer:

For Office Use Only

CCS Facilitator Follow-up:

Was Case opened? If not, please explain.

*Please save referral in client's file in MH/AODA folder (create a file if needed).

Please submit to Kim Campion at kcampion@co.washburn.wi.us or fax: 715.468. 4753