Please Return Referral for Services Form To:
STRIVE Comprehensive Community Services
PO Box 454
Viroqua, WI 54665
Or Fax: 608-637-5505

REFERRAL FOR COMPREHENSIVE COMMUNITY SERVICES

****Self referrals are preferred**

If you are completing a referral on behalf of an individual, please indicate why you are initiating the referral and not the individual. Please also indicate that you have permission to refer the individual and a release of information must accompany the referral.

Name of individual being referred: _____Date of Referral:_____

☐ Consumer is aware of referral (Attach release of information to this form.)

Date of Birth: _____ Age: _____ Gender: ☐ Female ☐Male

Address: _____ City: _____ Zip Code:_____

Phone: _____ County of Residence: _____

(If other than self) Referral Source: _____Phone:_____

Medical Assistance: ☐Yes, #_____(Medical Assistance is required for all CCS consumers)

Reason for referral: _____

_____

_____

Individual has concerns with (please circle one or both, if appropriate): Mental Health AODA

Please list all Diagnoses: _____

_____

Please list the name of the doctor/psychiatrist who gave the diagnoses and/or agency if known:
Type text here
_____

Crawford County Health & Human Services Department

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Please provide the name and agency name if the individual has a:

Social worker Name: _____

Is the individual enrolled in: CLTS Program: ☐Yes ☐No CST Program: ☐Yes ☐No

Youth Justice: ☐Yes ☐No CPS: ☐Yes ☐No

Mental health and/or substance abuse therapist: _____

(Prior to referral into CCS outpatient therapy should be attempted to meet the needs of the individual. If the individual does not have an outpatient therapist, the individual should attempt outpatient therapy prior to CCS referral.)

Psychiatrist: _____

Other medication prescriber: _____

Is this individual enrolled in IRIS or Family Care ☐Yes ☐No

If yes what additional needs does the consumer have that are unmet by IRIS or Family Care:

_____
_____
_____

If applicable:

Guardian/Parent Name: _____ Phone: _____

Address:_____ City: _____Zip Code: _____

Additional Information:

_____

KICKAPOO COUNSELING

Vernon County WISCONSIN

Crawford County Health & Human Services Department