



CCS Referral Form

Criteria for Comprehensive Community Services:

1. Living in or returning to Columbia County
2. Have or is eligible for Medicaid
3. Have a Mental Health and/or Alcohol and Other Drug Abuse diagnosis
4. Consumer is aware of the referral and has a willingness and understanding to work within a wraparound approach for recovery (**CCS is a voluntary program**)

Legal Name:	Date of Referral:
Date of Birth:	Preferred name and/or pronouns:
Social Security Number:	
Is consumer under legal guardianship?	Referral Source and contact information:

Consumer's Address:			
Phone Number:		Other Phone:	
Consumer/Parent or Guardian Email Address:			
Consumer/Parent or Guardian availability for phone calls and meetings (schooling, work schedules, etc.):			
Best way to contact: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email			
Parent or Guardian names:			
Address (if different from consumer):			

Known Mental Health Diagnoses:	
Currently working with a therapist?: <input type="checkbox"/> Yes, name and agency _____ <input type="checkbox"/> No	
Medical Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes MA#	Other Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No List Insurance:
Doctor providing Diagnosis and fax number if known:	Columbia County has permission to contact physician listed on this referral: _____ (consumer initials)

What needs to change in your life for you to feel that your life is stable?
What are the biggest challenges for you right now?
How are you hoping the CCS program would help with stability and your current challenges?
Have you been enrolled in any programs in the past such as CCS?
Is there other information about you that you feel would be helpful to share?

People involved with the person listed on the referral:

(family, friends, psychiatrist, neighbor, peer support, mentor, teacher, probation & parole, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Address (if different from applicant)</u>	<u>Phone Number</u>

Return the completed referral to the CCS Service Director by mail, email, or fax.

Mailing address:

Columbia County Health and Human Services

P.O. Box 136

Portage, WI 53901

Email Address: DHHS@columbiacountywi.gov

Fax: 608-742-9700

Mission Statement: To promote and protect the health and safety of our community.

Revised 1/6/2023