



COLUMBIA
COUNTY

Health and Human Services
111 E. Mullett Street

608-742-9227
FAX: 608-742-9700

E-MAIL: DHHS@columbiacountywi.gov
WEBSITE: www.co.columbia.wi.us

Mailing Address: P.O. Box 136
Portage, WI 53901-0136

CCS Referral Form

Do you meet criteria for Comprehensive Community Services (check below):

- ☐ Living in or returning to Columbia County
- ☐ Have or are eligible for Medicaid ([Medicaid in Wisconsin](#))
- ☐ Have a Mental Health and/or Alcohol and Other Drug diagnosis
- ☐ Individual is aware of this referral being made and has a willingness and understanding to work within a wraparound approach for recovery ([CCS is a voluntary program](#))



*If you do not meet the above criteria or are currently waiting for enrollment; additional community resources available using the above QR code.

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:
If a youth referral, Parent or Guardian name(s):	

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.):			
Parent or Guardian Address (if youth referral and is different from consumer):			

Known Mental Health Diagnoses:			
Currently working with a therapist?: <input type="checkbox"/> Yes, name and agency _____ <input type="checkbox"/> No			
Medicaid/BadgerCare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes MA#	List Insurance:		
Current physician or healthcare clinic for diagnoses:	Columbia County has permission to contact physician listed on this referral: _____ (consumer initials)		

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

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.

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