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

Medication Assisted Treatment (MAT) Program

Date of Referral:	**Date Received by BHLTS:**
Legal Name:	**Gender:** Choose an item.
Date of Birth:	**Preferred name and/or pronouns:**
Race/Ethnicity: Choose an item.	
Social Security Number:	**Pregnant:** ☐ **Yes** ☐ **No**
Referral Source and contact information:	

Consumer's Mailing Address:	
☐ **Check box if currently incarcerated.** **Release Date:**	**Bond Conditions:**
	Public Defender:
	Probation Agent:
Phone Number:	**Another Phone:**
Consumer Email Address:	
Best way to contact: ☐ **Call** ☐ **Text** ☐ **Email**	

Known Mental Health Diagnoses:	
Currently working with a therapist?: ☐ **No** ☐ **Yes, name and agency:**	
Medical Assistance: ☐ **Yes** ☐ **No** **If Yes MA#**	**Other Insurance:** ☐ **Yes** ☐ **No** **List Insurance:**

People involved with the person listed on the referral:
(family, friends, psychiatrist, neighbor, peer support, mentor, teacher, probation & parole, etc.)

Name	Relationship	Address (if different from applicant)	Phone Number

Columbia County HHS and Transitions Behavioral Health have permission to call/text/e-mail/fax people listed on the referral for coordination of this referral: _____.
(consumer signature)

Revised 8/30/2022

Substance Use Information
(Heroin Abuse, Prescription Medication, Opioids, Stimulants, Alcohol, Other)

Primary Substance	Substance Problem:		Usual Route of Administration:	
	Frequency in the past 30 days:		Age of First Use:	
	Date of last use:			
Secondary Substance	Substance Problem:		Usual Route of Administration:	
	Frequency in the past 30 days:		Age of First Use:	
	Date of last use:			
Tertiary Substance	Substance Problem:		Usual Route of Administration:	
	Frequency in the past 30 days:		Age of First Use:	
	Date of last use:			

Current Cravings:
None----------Very Much So
0-1-2-3-4-5-6-7-8-9-10

Prior Overdose: Yes/No/Unknown
If yes, Narcan used: Yes/No/Unknown
Number of overdoses:

Education:		**Employment Status:**	
Living Arrangements:		**Number of Arrests in the past 30 days:**	
Number of Support Groups Attended in the past 30 days:			

Return the completed referral to the MAT Coordinator by mail, email, or fax.

Mailing address:
Columbia County Health and Human Services
P.O. Box 136
Portage, WI 53901
Email: DHHS@columbiacountywi.gov
Fax: 608-742-9700