Eau Claire County Department of Human Services Comprehensive Community Services Referral Form/Physician Prescription

Client/Participant Name:	Date of Referral:		
Date of Birth:	Gender:		
Address:			
City:	State:	Zip:	
Home Phone:	Other Phone:		
Parent/Guardian Name (if applicable):			
Parent/Guardian Phone (if applicable):			
Parent/Guardian Address (if applicable):			
Medical Assistance Yes No	Other Insuran	ce: Yes No	
Name of Person making Referral:			
Phone # of Person making			
Referral: Reason for referral:			
Client/Participant is aware a referral to CCS has be Client/Participant has family members being serve If yes, please list names:			

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What is Comprehensive Community Services (CCS)

Comprehensive Community Services provides programming to people of all ages – youth to elderly – living with either a mental illness and/or substance use disorder. CCS is for individuals who need ongoing services beyond occasional outpatient care, but less than the intensive care provided in a hospital setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual's unique needs and goals.

How can CCS help?

CCS is a **voluntary** Medicaid reimbursable program designed with the intention to help individuals coping with mental health, emotional disturbances and/or substance use disorders recover from their conditions and attain the lives they desire.

CCS participants can leave or re-enroll in CCS at any time they desire (as long as they are still eligible).

What does CCS offer?

CCS is a program that services both adults and children. Every individual who participates in CCS works with a Care Coordinator to design a recovery plan intended to help build the skills needed to improve health, promote wellness, attain personal goals, and enhance overall quality of life. For more information regarding CCS, the enrollment process and available services; please contact the Eau Claire County Centralized Access Program at (715) 839-7118.

Is CCS the right program for my Client?

- ✓ Does your Client or their child have Medicaid?
- ✓ Is your Client or their child coping with a mental health, emotional disturbance, or substance use disorder (or a combination)?
- ✓ Does your Client or their family (for children) want help?
- ✓ Is your Client or their family ready to work with someone to develop a plan and actively participate in the goals and services they select?
- ✓ IF you answered "YES" to the previous questions, CCS may be the right program for your Client.

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Psychiatrist, Physician or Advanced Practice Nurse Prescriber completes the information below:

CCS May be able to provide rehabilitation service meeting a person's needs (see previous page for more information).

Current **DSM** Diagnosis (Mental Health and/or Substance Use Disorder):

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING REFERRING DIAGNOSES:

DSM-5 Diagnosis	DSM-5 Code	ICD-10 (F code)

I, the undersigned, prescribe Comprehensive Community Services for	•
with Eau Claire County.	

(Participant Name)

Psychiatrist, Physician or A.P.N.P. name (printed):

Psychiatrist, Physician or A.P.N.P License #:

Psychiatrist, Physician or A.P.N.P NPI #:

Psychiatrist, Physician or A.P.N.P signature:

Date:

This prescription is considered current until otherwise revoked, or upon discharge from CCS.

Please return completed form to Eau Claire County Department of Human Services Centralized Access via: Fax at (715) 318-5592 or E-mail at humanservices.access@co.eau-claire.wi.us