Eau Claire County - Department of Human Services
721 Oxford Avenue, Suite 1001
Eau Claire, WI 54703
(715) 839-2300 | Fax (715) 831-5784
www.eauclairecounty.gov
Angela Weideman, Director

Eau Claire COUNTY HUMAN SERVICES

Community Support Program

The Referral is not complete until the Client calls to verify interest in the program. Incomplete applications may not get processed.

NAME: **DATE OF BIRTH:** **DATE OF REFERRAL:**

ADDRESS: **NEW CLIENT PHONE #:**

MENTAL HEALTH/ SUBSTANCE USE DIAGNOSIS AND SYMPTOMS:

MEDICATIONS:

REASON FOR REFERAL/SERVICES RECOMMENDED:

RELEVANT REFERRAL INFORMATION: (Level of Medication Compliance, History of Treatment Services, Significant Behaviors, Medical Concerns, Current Housing, etc.)

☐ Vocational/Educational Impairment

Describe:

IDENTIFY AREAS OF FUNCTIONAL IMPAIRMENT:

☐ Social, Interpersonal and Community Functioning

Describe:

☐ Self-care and Independent Living Skills

TREATING PSYCHIATRIST:

TREATING PRIMARY CARE PROVIDER:

THE FOLLOWING INFORMATION IS NECESSARY TO COMPLETE THE REFERRAL PROCESS:

☐ Include psychiatric/AODA records over the past year, including hospitalizations, medications, and treatment services

☐ Patient signed release of information for the purpose of collaboration and confirmation of eligibility for CSP

Is the patient enrolled in a Managed Care Organization?If yes, please list the name of the Managed Care Organization.

Please have Client call 715-839-6500 and ask for the clinical coordinator to complete this referral.

PERSON MAKING THE REFERRAL:

AGENCY MAKING THE REFERRAL:

Date of discussion with client about referral:

CONTACT INFORMATION FOR REFERRING PERSON:

Phone: Email:

Send completed form and relevant documents to: Eau Claire County DHS, Attn: Access
721 Oxford Avenue
Eau Claire, WI 54702-0840

Or fax to:
Eau Claire County DHS, Attn: Access
Fax: 715-831-5658.