Referral Form – Driftless Pass School

La Crosse Office South

Social Worker name:_____

County:_____

Referral Source:

Date of Referral:

Participant's Name:

☐New ☐Revised ☐End

Date of Birth:

Parent(s)/Guardian:

Home Phone:

Cell Phone:

Address:

Primary Diagnosis:

Secondary Diagnosis:

Initial Goal Areas:

Secondary Goal Areas:

Additional Comments:

Funding source:

☐CLTSW - SHC ☐CLTSW – DLS ☐CCS ☐Juvenile Justice ☐CPS

Please signify the rate and number of hours approved for:

_____ Hours	□Week/□Month	Individual Skill Development and Enhancement
_____ Hours	□Week/□Month	Wellness Management and Recovery Services
_____ Hours	□Week/□Month	Medication Management for Non-Prescribers
_____ Hours	□Week/□Month	1:5 Rate After School Program
_____ Hours	□Week/□Month	2:5 Rate After School Program
_____ Hours	□Week/□Month	1:1 Rate After School Program
_____ Hours	□Week/□Month	Transition Program
_____ Hours	□Week/□Month	1:5 Rate Summer Day Program
_____ Hours	□Week/□Month	2:5 Rate Summer Day Program
_____ Hours	□Week/□Month	1:1 Rate Summer Day Program

Anticipated start date of service:___/___/___

Send referral to Breta Lee @ blee@cclse.org 519-8032 office# or 608-317-0553cell#

Catholic Charities Office: 3710 East Avenue South La Crosse, WI 54602 Phone: (608)782-0710