



THE HUMAN SERVICE CENTER

(HUMAN SERVICES BOARD 51.42/51.437)

P.O. BOX 897

705 EAST TIMBER DRIVE • RHINELANDER, WI 54501-0897

TELEPHONE: 715-369-2215

FAX: 715-369-2214

REQUEST FOR SERVICES/REFERRAL FORM

Date:

Briefly describe the reason you are seeking services:

Are you seeking services for (check all that apply):

Developmental Disability

Mental Health

Substance Use Disorder

Behavioral Concerns (Please choose your top 3 concerns):

Behavioral Concern 1:

Behavioral Concern 2:

Behavioral Concern 3:

Drug/Alcohol Information:

Tobacco:

Alcohol:

OtherDrugs:

Personal Information

Name of Person seeking services:

DOB:

Social Security Number:

Age:

Address:

Contact phone:

Contact email:

Best way to reach you:

Contacts

Do you have a guardian?

If yes, please complete below:

Name:

Contact phone:

Are you under 18 years of age?

If yes, please complete 1 and 2 below:

1. Mother's Name:

Contact phone:

2. Father's Name:

Contact phone:

Who could we contact in case we are having a hard time connecting with you?

Name:

Relationship:

Phone:

Living Arrangements

Who do you live with? (check all that apply)

Self Roommate Significant other Spouse Children Parents
Siblings Other:

Work/School: (Check all that apply)

Working FT/PT Not Working Seeking Employment Student: School/Grade ____
SSI SSDI

Providers

Do you take medications? If yes, please complete 1 and 2 below:

1. Medication Name:
2. Who is the prescriber? Phone number?

Current Providers: Please list the name, clinic, and phone number for each provider.

Primary Doctor:

Psychiatrist:

Substance Use Counselor:

Mental Health:

Occupational Therapist/Physical Therapist/Speech Language Pathologist:

Other:

Please check any you are currently involved with:

Social Services Juvenile Justice Child Protective Services Adult Protective Services
Coordinated Services Team Probation/Parole

Insurance: (check all that apply)

MA Insurance(Name): Medicare Katie Beckett None

Signature

I understand that by submitting this form I will be contacted to further discuss my request for services to see if my needs can be met by The Human Service Center. Further I understand that if staff are not able to reach me directly, they have my permission to contact the person listed above as my contact.

I further understand that participation in any of these services is voluntary and requires a commitment. It will require attending appointments, completing any assignments, and completing documentation that is part of the service programs.

Signature:

Referent

Name:

Address:

Phone Number:

Does the referred person know a referral has been made?

Referral Source:

Signature

Date

If signatures are not possible, please attach documentation of a phone contact indicating the person being referred or their guardian/parent is/are aware of and in agreement with this referral. All referrals can be emailed to: **referrals@thehumanservicecenter.org**