Date of Referral: **10/18/2019**

Spokane County WISe Referral Form

Referral process

There are multiple agencies in the Spokane area who offer WISe services. These agencies work together to serve families promptly. *Please initial by all of the agencies listed below with whom you are in agreement with having access to this referral. Initials will indicate your agreement, as the child's parent or guardian, for the initialed agencies to communication with one another to coordinate your child's services. Please ***only*** initial agencies from which you are willing to receive service from and give permission for communication between. You may also contact an agency by phone to make a referral in lieu of submitting a fax.

☐ **Daybreak Youth Services** Phone: 509-475-4651 Fax: 509-835-4272	☐ **Excelsior Youth Center** Phone: 509-328-7041 Fax: 509-328-7582
☐ **Frontier Behavioral Health** Phone: 509-838-4651 ext. 377737 Fax: 509-363-2774	☐ **Institute for Family Development** Phone: 509-328-3802 Fax: 509-328-3871
☐ **Lutheran Community Services** Phone: 509-747-8224 Fax: 509-747-0609	☐ **Passages** Phone: 509-892-9241 Fax: 509-892-9251

All children/youth that meet the CANS algorithm and are eligible for Medicaid funded mental health services will be offered entry into WISe or WISe-like services.

Note: Per the WA State DSHS Division of Behavioral Health and Recovery directive, the Child and Adolescent Needs and Strengths (CANS) Screen is considered a coordination of care activity that does not require an Authorized Release of Information to process.

Child/Youth Information

Child/youth Name:	Click here to enter text.	Date of birth:	Click here to enter text.
Parent/Guardian:	Click here to enter text.		
Address:	Click here to enter text.		
Provider One #:	Click here to enter text.	Phone #:	Click here to enter text.
Social worker name:	Click here to enter text.		
Has this youth had a CANS screen in the last 30 days?	☐ No ☐ Yes, with: Click here to enter text.		

Referring Agency Information

Agency:	Click here to enter text.	Phone #:	Click here to enter text.
Provider name:	Click here to enter text.	CLIP/PCCA	☐ Yes ☐ No

Special Considerations

Risk factors (please check all that apply):

☐ Physical aggression	☐ Sexualized behavior	☐ Delusions/hallucinations
☐ Past suicide attempt	☐ Suicidal ideation	☐ Homicidal ideation
☐ Drug use/abuse	☐ Fire starting	☐ Animal abuse

Notes: Click here to enter text.