



Kids deserve the best.



CHILDREN'S WISCONSIN NORTHWOODS

Serving families in Forest, Langlade, Lincoln, Oneida, and Vilas Counties

Email: northwoodsreferrals@childrenswi.org

Phone: (715) 361-6300 Fax: (715) 361-6301

Mail: Children's Wisconsin, 3716 Country Dr. Suite 2, Rhinelander, WI 54501

REFERRAL FORM

Date: _____

Name of Agency Making Referral: _____

Agency Phone: _____ Name of Person Making Referral: _____

CLIENT INFORMATION:

Parent Name: _____ Parent DOB: _____

Address: _____ City: _____, WI Zip: _____

County: _____

Baby's Due Date/DOB: _____

Phone: _____

☐ Call Confidentially

☐ OK to Leave Message

Race: ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ Black/African American
☐ Asian ☐ White/Caucasian ☐ Other: _____
Ethnicity: ☐ Hispanic or Latino ☐ Not-Hispanic or Latino

SERVICES REQUESTED:

☐ **Healthy Families:** Home Visiting (Enrolling - Prenatally up to 3 Months)

☐ **Group Programming:** Play & Learn, Wiggle, Giggle & Shake

☐ **Community Resources:** (Food Pantry, Health Department, Housing Services, Counseling, WIC, etc.)

☐ **ROSE Program** Reach Out Stay-Strong Essentials (Post-Partum Depression Support for soon-to-be and new Moms)

☐ **Homeless Navigator Program:** _____ Rhinelander _____ Merrill

☐ **Parenting Education and Support:** _____ Triple P _____ ACT _____ General Education and Support

AUTHORIZATION OF DISCLOSURE (if needed to make referral)

I, _____ (Client), authorize _____ (Referral Agency) the use and disclosure of the above information with Children's Wisconsin for the purpose of seeking services.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____