

CHILDREN'S HOSPITAL OF WISCONSIN COMMUNITY SERVICES NORTHWOODS

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

Email: northwoodsreferrals@chw.org

Fax: (715) 361-6301

Mail: Children's Hospital of Wisconsin Community Services
712 E. Second St, Merrill, WI. 54452

REFERRAL FORM

Date: _____ Agency Making Referral: _____

Agency Phone: _____ Name of Person Making Referral: _____

CLIENT INFORMATION

Parent Name: _____ DOB: _____ Baby's Due Date/DOB: _____

Phone: _____ Call Confidentially OK to Leave Message

Address: _____ City: _____ County: _____

Race: American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Ethnicity: Hispanic
 Asian White Non-Hispanic
 Black/African American Other: _____

SERVICES REQUESTED

- Home Visiting (Prenatal to Newborn) Parenting Education and Support
- Play and Learn or Music and Movement Classes Connection to Community Resources
(Examples: Food Pantry, Health Department, Housing Services, Counseling, WIC, etc.)

AUTHORIZATION OF DISCLOSURE

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

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____