

Kids deserve the best.



CHILDREN'S WISCONSIN NORTHWOODS

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

Email: northwoodsreferrals@chw.org

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

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

REFERRAL FORM

Date:	Agend	Agency Making Referral:				
Agency Phone:		Name of Pe	Name of Person Making Referral:			
CLIEN.	T INFORMATION:					
Parent Name:		DOB:	Baby'	aby's Due Date/DOB:		
Phone:		🗆 c	\square Call Confidentially		\square OK to Leave Message	
Address:		City:	City:		County:	
Race:	American Indian/Alaska Native Asian Black/African American	Native Hawaiian/Other White Other:		Ethnicity:	Hispanic Non-Hispanic	
	CES REQUESTED:		Dozontina Edu	cation and Cunn	out.	
☐ Home Visiting (Prenatal to age 3)			☐ Parenting Education and Support			
□ Play and Learn or Wiggle, Giggle & Shake Classes			☐ Connection to Community Resources (Examples: Food Pantry, Health Department, Housing Services, Counseling, WIC, etc.)			
	AUTHO	RIZATION OF DISCLOSUR	RE (if needed to make re	eferral)		
I,(Client), authorize			(Referral Agency) the use and disclosure of the			
above i	nformation with Children's Wiscon	sin for the purpose of see	king services.			
Signature of Participant:			Date:			
Signature of Parent/Guardian:			Date:			