Eau Claire County Department of Human Services

Children's Long Term Services (CLTS) Referral Form

Please return to Human Serivces Centralized Access
Email: HumanServices.Access@co.eau-claire.wi.us
Fax Number: 715-831-5658
Phone Number: 715-839-7118

Person completing form:		
Phone Number:		
Email:		
Date of contact:		
Child's Name:		
Child's Date of Birth:		
Child resides with:	☐ Parent ☐ Guardian ☐ Other	
Parent(s) Name:		
Parent's Address:		
	City:	**ZIP:**
Home Phone:	**Work Phone:**	**Cell Phone:**
E-mail:		
Best Time to Contact:		
Guardian Name (if not living with parent):		
Guardian's Address:		
City:	**ZIP:**	
Home Phone:	**Work Phone:**	**Cell Phone:**
E-mail:		
Best Time to Contact:		
Court Ordered Guardianship Documents on File:	☐ Yes ☐ No	
Child's Diagnoses:		

Child's has long-term functional impairments are expected to last 6 months or longer in one or more of the following areas:

☐ Self-care ☐ Mobility ☐ Learning ☐ Communication ☐ Behaviors

Describe:

If the child has a clinical diagnosis of a mental health disability has the diagnosis or symptoms persisted for at least 6 months?	☐ Yes ☐ No
Is the mental health diagnosis expected to last for 1 year or longer?	☐ Yes ☐ No
Diagnosing Provider Name:	
Medical Facility:	

Symptoms Present:

☐	Psychosis –serious mental illness with delusions, hallucinations, and/or lost contact with reality
☐	Suicidality – Suicide attempt in the past 3 months or significant suicidal ideation or plan in the past month

☐ Violence – Life threatening acts

☐ Anorexia/Bulimia – Life threatening symptomatology

☐ No symptoms apply

Child's Current Services:

☐ Public Health Nurse: Name: Agency:	☐ Human Services Social Worker: Name: Agency:
☐ Home Health Agency: Name: Agency:	☐ Foster Care/Treatment Foster Care: Name: Agency:
☐ Birth to 3 Program: Name: Agency:	☐ Substance Abuse Services: Name: Agency:
☐ Counseling: Name: Agency:	☐ Behavior Health Services: Name: Agency:
☐ Current School: Contact Person:	

☐ IEP ☐ Behavior Plan ☐ Speech ☐ OT ☐ PT

Other:

Economic Services:

☐ Badger Care	☐ Katie Beckett
☐ SSI	☐ Medicaid
☐ Private Insurance	☐ WIC (< 5 years of age)
☐ Food Share	☐ Child Care Assistance

Health Related Services (If applicable):

Does child have needs that might require skilled nursing services (cancer, positioning, tube feedings, ventilator, etc.)? ☐ Yes ☐ No

How long have the health related services lasted?
☐ < 6 months
☐ 6 – 12 months
☐ > 12 months

How long are skilled and health service needs expected to last?
☐ < 6 months
☐ 6 – 12 months
☐ > 12 months

Detail of Child's Unmet Needs:

I am aware of this referral and give my consent to _____ to refer my child to the Eau Claire County Children's Long Term Support Program.

Signature of Individual Authorizing Referral Date Signed