Spokane County
WISe Referral Form
Date of Referral:______

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.

Daybreak Youth Services:	____________	Institute for Family Development:	____________
Excelsior Youth Center:	____________	Lutheran Community Services:	____________
Frontier Behavioral Health:		Passages:	

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: ____________________ **Date of Birth:** ____________________
Parent/Guardian: ____________________ **Social Worker (if applicable):** ____________________
Address: ____________________ **Phone Number:** ____________________
Provider One #: ____________________ **Has this youth had a CANS screen in the last 30 days?** **Yes** **No**
If so, with whom? ____________________

Referring Agency Information

Agency: ______________________________ **Phone Number:** ____________________

Provider Name: ______________________________ **CLIP/PCCA provider?** **YES** **NO**

Special Considerations

<u>Risk factors</u> (please check all that apply)**:**

Physical Aggression	______	Sexualized behavior	________	Delusions/hallucinations	________
Past suicide attempt(s)	______	Homicidal ideation	________	Animal abuse	________
Suicidal ideation	______	Drug use/abuse	________	Fire starting	________

NOTES:____
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