

Spokane County WISE Referral Form

Date of Referral: _____

Referral process

There are multiple agencies in the Spokane area who offer WISE services.

Please select ONLY one agency from which you are willing to receive WISE services.

Write the name of the agency you are choosing for WISE services and fax the form to the designated agency.

You may also contact an agency by phone to make a referral in lieu of submitting a fax.

Daybreak Youth Services Phone: 509-475-4651 Fax: 509-835-4272	Excelsior Youth Center Phone: 509-328-7041 Fax: 509-328-7582
Frontier Behavioral Health Phone: 509-838-4651 ext. 012082 Fax: 509-363-2774	Institute for Family Development Phone: 509-328-3802 Fax: 509-328-3871
Lutheran Community Services Phone: 509-747-8224 Fax: 509-747-0609	Passages Family Support Phone: 509-892-9241 Fax: 509-892-9251

WISE agency youth/family is referring to (list one from list above): _____

The youth may be placed on an interest list and provided WISE like services if the provider is not able to enroll them right after screening in for WISE.

Child/Youth Information

Child/youth Name:		Date of birth:	
Parent/Guardian:			
Address:			
Provider One #:		Phone #:	
Social worker name:			
Has this youth had a CANS screen in the last 30 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes, with agency:		

Referring Agency Information

Agency:		Phone #:	
Provider name:		CLIP/PCCA	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Considerations

Risk factors (please check all that apply):

<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Sexualized behavior	<input type="checkbox"/> Delusions/hallucinations
<input type="checkbox"/> Past suicide attempt	<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Homicidal ideation
<input type="checkbox"/> Drug use/abuse	<input type="checkbox"/> Fire starting	<input type="checkbox"/> Animal abuse
		<input type="checkbox"/> Recent inpatient hospitalization

Print/signature of referent: _____

Referent is attesting the youth (13 and older) or parent/guardian of youth under 13 years old is aware and in agreement to this referral.