

Division of Behavioral Health
Interim Director - Astra Iheukumere
Division Administrator – Todd Campbell
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## Referral for Dane County Youth Connect Program

Submit with Referral to: YouthConnect@countyofdane.com or call: (608) 896-0755								
erral: Contact info:								
s youth/family aware of this referral? Yes No								
referred Name: Pronouns:								
Youth Needs Interpreter								
The youth resides at an out-of-home placement								
Parent/Guardian Name:  Address (if different):  Phone: Email:								
Preferred Language:								
Interpreter Needed								
ns:								
Has the youth been to the ER/had a psychiatric hospitalization in the past 12 months? Yes No Unknown								
If yes, what dates were they hospitalized?								
Is youth currently hospitalized? Yes No Hospital Name: Admission Date:								
r exhibited any of the following?								
allucinations, and/or lost contact with reality gnificant suicidal ideation or plan in past month with law enforcement								

Please describe	primary i	nemai i	nealui/SubS	tance use concerns	s for write	ii youtii/iaiiiiy	is seeking services.	
If known inlease li	st MH/SI	l diagne	ises.					
ii kilowii, piodoo ii	ot 1411 17 O C	diagno						
Immediate Sup	ports N	eeded						
☐ Therapist	□ Famil	y/Paren	it Peer Supp	oort    MH Systen	n Navigatio	on □ Disch	arge Planning	
□ Psychiatry	☐ Psychological Evaluation for MH/SU diagnosis ☐ Crisis Planning ☐ Other							
0		T 4	1 D	d				
Current Servic		ı reatm	ient Provi	aers:				
School Supports								
Current school:								
			•	ool-based therapist				
Primary contact:					Phone/E	mail:		
Please indicate if	the you	th has t	he followin	g supports:				
Current Therapist:		No	Waitlist					
Enrolled in CCS:			Waitlist					
Enrolled in CLTS:	res	INO	Waitlist					
<b>If yes</b> , please	e provide	primary	contact info	ormation for services:				
Name & Age	ncy:	<del> </del>		Contact Inf	ormation:			
Name & Age	ncy:			Contact Inf	ormation:			
Health Insurance								
	<b>.</b> Medicaid	/Badger	Care	Katie Beckett Wai	/er	Private/HMO		
		•		r#:				
Current Legal Sys				a		•		
None C	CPS	Ju	stice	Chapter 51 ED		Other:		
Social Worker Nam	ne / Conta	act Infor	mation:					
16.41								
		_		ors or needs experi parent, exposure to vi	•	•	lly, please describe: discrimination)	