



Marinette County
HEALTH AND HUMAN SERVICES
2500 Hall Avenue - Suite B
Marinette, WI 54143-1604
Voice (715) 732-7700 FAX (715) 732-7766
Toll Free: 1-888-732-7549

Children's Long Term Services (age 17 and under) Referral

* Form must be completely filled out when turned in.

Please return to: CCS Manager ccs@marinettecounty.com

Name of Consumer (include middle name): _____

Address: _____

Residence Setting: family home/foster home/group home/other: _____

Phone Number: _____ Age/D.O.B: _____ SSN: _____

If over 18 or referral is under guardianship: Yes / No

Name of parent/guardian: _____ Relationship to referral: _____

Address (if different from above): _____

Phone number (if different from above): _____

Name of health insurance: _____

Disability Determination by _____: Yes / No

Diagnosis: _____

Doctor providing Dx: _____

Other supports involved with Consumer: _____

Identified needs: _____

Any additional information: _____

Name of referral source: _____ Phone number: _____

Internal use only

Date referral received:

Assigned to Case Worker:

Date assigned:

Initial contact date by Worker: