



## Chippewa County Department of Human Services Comprehensive Community Services Referral Form

### Preliminary Checklist

- Does the identified client (if under the age of 18, the parent), currently reside in Chippewa County?  
If no, please refer to that county for services.
- Does the identified client have Medicaid? \*If no, there are other options, but please disclose this in the referral form.
- Does the identified client cope with a mental health, emotional disturbance, or substance use disorder (or a combination)?
- Does the identified client want services?
- Is the identified client ready to work with someone to develop a plan and actively participate in the goals and services they select?

\* IF you answered “YES” to the previous questions, please continue with filling out the referral on the next page.

For any additional information or questions please contact...

**Youth Services**

Dawn Stark, Manager for WRC, CYSHCN  
[dstark@co.chippewa.wi.us](mailto:dstark@co.chippewa.wi.us)  
(715) 726-7907

**Adult Services**

Michelle Phelps, MS, LPC, SAC, Coordinator  
[mphelps@co.chippewa.wi.us](mailto:mphelps@co.chippewa.wi.us)  
(715) 726-7795



## Chippewa County Department of Human Services Comprehensive Community Services Referral Form

Client/Participant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Preferred Name if different than above: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Biological Sex: Male  Female

Identified Gender: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian 1: Name(s) (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian 1: Address (if applicable): \_\_\_\_\_

Parent/Guardian 1: Phone Number(s) (if applicable): \_\_\_\_\_

Parent/Guardian 2: Name(s) (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian 2: Address (if applicable): \_\_\_\_\_

Parent/Guardian 2: Phone Number(s) (if applicable): \_\_\_\_\_

Language: \_\_\_\_\_

Medical Assistance: Yes  No  \*If yes, please provide MA number: \_\_\_\_\_

Private insurance: Yes  No

Are you currently or have you recently participated in any other services? Yes  No   
if yes, please list \_\_\_\_\_

Do you have a current diagnosis? If yes, please list: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

### **If referral is made by someone other than participant**

Name of person making referral: \_\_\_\_\_

Phone number of person making referral: \_\_\_\_\_

Email of person making referral: \_\_\_\_\_

Relationship to participant being referred: \_\_\_\_\_

Is the participant and/or parent guardian being referred aware a referral has been made on their behalf? Yes  No

**For Youth Referrals please fax this form to 715-726-7910 (attention Dawn Stark) or email this form to [wrcyshcn@co.chippewa.wi.us](mailto:wrcyshcn@co.chippewa.wi.us)**

**For Adult Referrals please fax this form to 715-726-7910 (attention Michelle Phelps) or email this form to [mphelps@co.chippewa.wi.us](mailto:mphelps@co.chippewa.wi.us)**

# Comprehensive Community Services (CCS)

Comprehensive Community Services (CCS) is a recovery focused, integrated behavioral health program for adults with mental illness and/or substance use disorders or children with severe emotional disturbance. CCS provides a coordinated and comprehensive array of recovery services, treatment and psychosocial rehabilitation services that assist individuals to utilize professional, community and natural supports to address their needs. The program is person and/or family-centered and uses a consumer directed approach to recovery services. While CCS services are person and family-centered, services are provided by a team of professionals, peer specialists and supports, all coordinated by a CCS Service Facilitator.

CCS programs are designed to be community-based, enhance recovery, and continually build on quality improvement.

Each CCS program is led by a CCS Coordinating Committee. The Coordinating Committee is comprised of consumers and their family members, county personnel, and advocates/providers. CCS is built upon choice and it is important that consumers and their family members are engaged in the program development and quality improvement processes within the program.

CCS services are eligible for Medicaid reimbursement for those individuals that qualify for Medicaid. However, only Counties and Tribes are allowed to be State certified to provide CCS.

Services within CCS include:

- Screening and Assessment
- Service Planning
- Service Facilitation
- Diagnostic Evaluations
- Medication Management
- Physical Health Management
- Peer Support
- Individual Skill Development and Enhancement
- Employment-Related Skill Development
- Individual and/or Family Psychoeducation
- Wellness Management and Recovery/Recovery Support Services
- Psychotherapy
- Substance Abuse Treatment
- Non-Traditional or Other Approved Services

For Additional Information Please Visit: <https://www.co.chippewa.wi.us/government/human-services/recovery-wellness-consortium/comprehensive-community-services> or contact.....

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