



## Wisconsin Referral Form

<b>Date of Referral:</b>		<b>Requested Service Start Date:</b>	
<b>Have you been in contact with Behavioral Health prior to making this referral? Yes    No</b>			
<b>Why is this person being referred to Beacon for services?</b>			
<b>SERVICE DESIRED:</b>			
<p style="text-align: center;"><b>CRISIS STABILIZATION HOUSING</b></p> <p style="text-align: center;"><b>Average Stay-14 days to 3 months/or permanent housing found</b></p> <p>Staffing Pattern: <b>1 Staff to 1 Consumer</b> <b>Plus awake overnight staff</b></p> <p>Is this staffing pattern appropriate for this person? <b>YES    NO    (check one)</b></p> <p><input type="checkbox"/> Home is not accessible-is person fully able to navigate stairs and step in tub?</p> <p><input type="checkbox"/> This home is an unlocked facility</p> <p><input type="checkbox"/> Person is not actively suicidal, homicidal, or engaged in chemical usage (i.e., alcohol, meth etc.)</p>		<p style="text-align: center;"><b>TRANSITIONAL PLACEMENT HOUSING</b></p> <p style="text-align: center;"><b>Average Stay-14 days to 6 months/or permanent housing found</b></p> <p>Staffing Pattern: <b>1 Staff to 2 Consumers</b> <b>Plus awake overnight staff</b></p> <p>Is this staffing pattern appropriate for this person? <b>YES    NO    (check one)</b></p> <p><input type="checkbox"/> Home is not accessible-is person fully able to navigate stairs and step in tub?</p> <p><input type="checkbox"/> This home is an unlocked facility</p> <p><input type="checkbox"/> Person is not actively suicidal, homicidal, or engaged in chemical usage (i.e., alcohol, meth etc.)</p>	
<b>Identifying information</b>			
<b>Name:</b>		<b>SS #</b>	
<b>Identified Gender:</b>		<b>MA #</b>	
<b>Identified Race:</b>		<b>PMI #</b>	
<b>DOB &amp; Age:</b>	DOB:    /    /    AGE:	<b>Financial County?</b>	
<b>Height &amp; Weight</b>	Ht:                      Wt:	<b>Billing Source?</b>	
<b>Contact information</b>			
<p><b><u>Persons Current Location:</u></b></p> <p>Agency:</p> <p>Address:</p> <p>Cell:</p> <p>Email:</p>		<p><b><u>Parent/Guardian:</u></b></p> <p>Name:</p> <p>Address:</p> <p>Cell:</p> <p>Email:</p>	
<p><b><u>Case Manager/Com. Resource Coordinator:</u></b> <b>(EXPECTED MAIN POINT OF CONTACT)</b></p> <p>Name:</p> <p>Address:</p> <p>Cell:</p> <p>Email:</p>		<p><b><u>Health and Wellness Coordinator:</u></b></p> <p>Name:</p> <p>Address:</p> <p>Cell:</p> <p>Email:</p>	
<b>About Me</b>			
<b>Likes – What do I need in my life:</b>			



### Wisconsin Referral Form

<b>Dislikes – What do I not want in my life:</b>
<b>What does a Good Day look like:</b>
<b>What does a Bad Day look like:</b>
<b>Additional Comments:</b>

Psychiatric/Medical Diagnoses	
<b>Psych Diagnoses:</b>	
<b>Medical Diagnoses:</b>	
<b>Please list and describe any chronic health conditions:</b>	
<b>What kind of medical support does this person need?</b>	
<b>How often does this person seek medical services or support?</b>	
<b>IDD Level:</b>	<input type="checkbox"/> Borderline <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound <input type="checkbox"/> RC <input type="checkbox"/> None
<b>Additional Comments:</b>	

Communication Style
<input type="checkbox"/> Verbal <input type="checkbox"/> Limited <input type="checkbox"/> ASL <input type="checkbox"/> PECs <input type="checkbox"/> Written <input type="checkbox"/> No Functional Means of Communication
<b>Additional Comments:</b>
Self-Care/Hygiene Skills
<input type="checkbox"/> Needs Full Assistance <input type="checkbox"/> Needs Verbal Prompts <input type="checkbox"/> Needs Occasional Reminders <input type="checkbox"/> Independent
<b>Additional Comments:</b>

Substance Use
<input type="checkbox"/> Smokes/Vapes             Alcohol: <input type="checkbox"/> None <input type="checkbox"/> Use <input type="checkbox"/> Abuse <input type="checkbox"/> Historical <input type="checkbox"/> Unknown



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Illegal Controlled Substances: <input type="checkbox"/> None <input type="checkbox"/> Use <input type="checkbox"/> Abuse <input type="checkbox"/> Historical <input type="checkbox"/> Unknown
Substance Type(s):
<b>Additional Comments:</b>

<b>Interfering Behavior(s)</b>
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<b>Physical Aggression Towards Others</b>	
Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None Toward Whom:	Current Frequency & Duration of incidents:
Description of Behavior:	

<b>Self-Injurious Behaviors</b>
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Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Current Frequency & Duration of incidents:
Description of Behavior:	

<b>Calling 911/Psychiatric Emergencies</b>
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Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None Toward Whom:	Current Frequency & Duration of incidents:
Description of Behavior:	

<b>Suicidal Behaviors</b>
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Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None Has Made: <input type="checkbox"/> Threats <input type="checkbox"/> Attempts	Current Frequency & Duration of incidents:
Description of Behavior:	

<b>Inaccurate Reporting</b>
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Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None Is Typically an Accurate Reporter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Frequency & Duration of incidents:
Description of Behavior:	

<b>Interfering Sexual Behavior</b>
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Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Current Frequency & Duration of incidents:
Known Sexual Trauma? Yes or No or Unknown	
Comments:	
Typically Targets: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Other (Describe):	
Sexual Offender? Yes or No	
Description of Behavior:	

<b>Aggression Towards Property</b>
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Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Current Frequency & Duration of incidents:
Description of Behavior:	
<b>Verbal Aggression</b>	
Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Current Frequency & Duration of incidents:
Follows Through on Verbal Threats: <input type="checkbox"/> Yes <input type="checkbox"/> No	Towards Whom:
Description of Behavior:	
<b>Elopes</b>	
Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Current Frequency & Duration of incidents:
Where Does the Person Typically Go:	
Description of Behavior:	
<b>Breaks Laws</b>	
Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None Has Made: <input type="checkbox"/> Threats <input type="checkbox"/> Attempts	Past or Pending Charges:
Police Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Combative Toward Officers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Behavior:	
Felony Convictions? Yes or No	
Probation Officer: Name:	Phone: Email:
<b>Restrictive Measures/Emergency Use of Manual Restraint</b>	
Use: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Current Frequency & Duration of incidents:

Please return to: **Desiree Michaelson-District Director**  
**Beacon Specialized Living-Wisconsin Division**  
 3355 120<sup>th</sup> St, Chippewa Falls, WI 54729  
 dmichaelson@beaconspecialized.org  
 Phone: 763-337-4360/ Fax: 866-680-5589

**Please include any of the following documents with this completed form that you can provide to assist in accessing the individual for placement in our programs:**

- **Current Member Centered Plan**
- **Current Behavior Supports Plan**



## Wisconsin Referral Form

- **Police Reports**
- **Most recent Psychological**
- **Incident Reports**
- **Previous documents from Therapist**
- **Medical Reports**
- **Other:** \_\_\_\_\_
- **Other:** \_\_\_\_\_