

*We create permanent connections to  
loving and stable families*  
www.anufs.org 877.287.2441



## REFERRAL FORM

To Make a Referral: Eastern Region-*Madison*  
Phone: 608.663.1262  
Fax: 608.663.1271

Western Region-*Eau Claire*  
Phone: 715.839.0068  
FAX: 715.839.0886

### Check Service you are Requesting:

<input type="checkbox"/> <b>Adult Treatment Family Home</b>	<input type="checkbox"/> <b>Adult Respite Care</b>
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Social Worker: \_\_\_\_\_ County or Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker email address:  
\_\_\_\_\_

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Court Involvement: \_\_\_\_\_

Guardianship Status:  
\_\_\_\_\_

Name of Guardian if applicable: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Primary reason for out of home placement: \_\_\_\_\_

Previous Placements: \_\_\_\_\_

Parent or other significant family member's names: \_\_\_\_\_

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

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Phone: \_\_\_\_\_  
\_\_\_\_\_

Family Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavior/Current Issues**

Mental Health Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Behaviors the Caregiver will need to work with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of physical aggression: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of sexual aggression: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical**

Medical diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Medication: \_\_\_\_\_

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Psychotropic Medications:

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Alcohol or Tobacco Use: \_\_\_\_\_

AODA abuse or treatment: \_\_\_\_\_

**General Information:**

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Graduation Status: \_\_\_\_\_ Special Education: \_\_\_\_\_

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Employment Information:

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Day Program or Activities:

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Level of Supervision Needed:

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**Geographical Placement Preferences:**

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**Placement Planning**

Long range living goals: \_\_\_\_\_

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Anticipated length of placement: \_\_\_\_\_

Client's attitude about placement: \_\_\_\_\_

Other Professionals Involved with client: \_\_\_\_\_

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**Treatment Goals:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Other Important Information:**

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