**CCS Referral Form**



Milkweed Connections, LLC.

PO Box 305 Menomonie, WI 54751

Please send referrals to Kim Blue: referrals@milkweedconnections.com; phone: 715-619-8099; fax: 855-299-8701

Updated provider availability is located on our website: https://www.milkweedconnections.com/our-team

Consumer/Service Recipient Name:

Telephone:

Address:

Date of Birth:      /     /

County of Residence:

Gender (optional):

Avatar/Customer Number (if applicable):

Service Facilitator/Social Worker Name:

Telephone:

E-Mail:

Service Requested (Choose all that apply):

[ ]  Peer Support

[ ]  Individual Skill Development and Enhancement

[ ]  Individual and/or Family Psychoeducation

[ ]  Wellness Management and Recovery

Please note any requests for specific provider(s):

The following materials have been included with this referral:

 [ ]  CCS Service Authorization [ ]  CCS ISP [ ]  CCS Assessment