

**Strong Families Healthy Homes Program (SFHH)**

Mental Health America of Wisconsin

**Referral Form**

Name of Person Completing Form:	Relationship to Parent:	Contact Information:	Date Completed:

Parent Name:	Age/DOB:
Street Address:	City/State/Zip Code:
Phone Number:	Alternate Phone Number:

**Which program(s) is the client interested in learning more about?**

€Groups/Classes \_\_\_\_\_ €Prenatal Program €Intensive In-Home Program €CCS

**Mental Health and/or Substance Use**

Psychiatrist Name and Contact Information:	Therapist Name and Contact Information:
Diagnosis:	Medications:
Symptoms of Concern:	Drug or Alcohol Use (history and/or current):

**Children**

Name:	Age/DOB:	In Home (Y/N) or Placement:	Special Needs:

**Service Providers** *(please list any other service providers that are involved with the family)*

1.
2.
Is the family involved with the Bureau of Milwaukee Child Welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the status of the family's involvement:

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*Please respond to the following questions to help us determine what services will best meet the parent's needs.*

**Are the parent's daily activities impacted by her mental illness and/or substance use? If yes, how?**

**What are the parent's goals related to his/her mental health and/or substance use?**

**What are the parent's goals related to parenting?**

**Is the parent aware of this referral and what is the parent's reaction to the program?**

**Any additional information regarding the parent, the parent's needs or the family?**

**Pregnancy Information, if applicable**

How far along is Mom in her pregnancy? What is the due date?

Are there any current medical concerns re: this pregnancy?

How does Mom feel about this pregnancy?

Completed referrals should be e-mailed, faxed or mailed along with a signed Consent for Release of Information to Attention Anne Ruiz at [referrals@mhawisconsin.org](mailto:referrals@mhawisconsin.org). Once a referral is received, it is reviewed by SFHH staff and a call is placed to the referent for more information. Next, an intake meeting with the parent and referent is scheduled to further discuss the program and parent's needs. If the parent and program are determined to be a good fit by all parties, the parent can be admitted to the program at that time.