



Community Integrated Health Services

Wraparound with Intensive Services (WISe) Referral Form

Instructions

- Please submit via **WISe Fax Line: (360) 558-7189 or (844) 497-2430**
- Please select the county where you anticipate services being provided:
 - Cowlitz
 - Lewis
 - Grays Harbor

CIHS Phone Number: (360) 261-6930 or toll-free (855) 303-4834

Agency Information

Date:	
Name of agency:	
Name of contact person:	
Phone number:	
Email address:	

Youth and Parent/Guardian Information

Youth Name:	Last	First	Middle
	DOB	Gender	
Address:	Provider One #	ID # (optional)	Enrolled in Services: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street	Apt #	
	PO Box		
	City	State	Zip
Phone:	Parent/Guardian	Youth	

Parent/Guardian Information

Relationship	Last	First	Middle
Relationship	Last	First	Middle
Relationship	Last	First	Middle
Relationship	Last	First	Middle

Reason for Referral

(Examples: homicidal and/or suicidal ideations, substance use/abuse, depression, trauma stressors, multi-system involvement, family functional difficulties, etc.)