

PEND OREILLE COUNTY
COUNSELING SERVICES

105 South Garden Avenue or PO Box 5055 Newport, WA 99156
1-800-404-5151 or 509-447-5651 TTY: 509-447-0487
FAX: 509-447-2671 www.pendoreilleco.org

POCCS WISe Referral Form

Date of Referral: _____

Referral Process

1. This form should be completed and submitted to the WISe Care Coordinator, Brittany Stemarie, for all referrals for WISe services in Pend Oreille County.
2. All children/youth who meet the CANS algorithm and are eligible for mental health services will be offered entry into WISe or WISe-like services.

Note: Per the WA State DSHS Division of Behavioral Health and Recovery directive, the Child and Adolescent Needs and Strengths (CANS) Screen is considered a coordination of care activity that does not require an Authorized Release of Information to process.

Child/Youth Information

Child/Youth Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Parent/Guardian:	<input type="text"/>	DCFS Social Worker (If applicable):	<input type="text"/>
Address:	<input type="text"/>	Phone No:	<input type="text"/>

Referring Agency Information

Agency:	<input type="text"/>
Provider Name:	<input type="text"/>
Phone No:	<input type="text"/>

☐ Youth/Family notified of future WISe Agency contact

Outcome

CANS screening date (within 10 business days): Click or tap to enter a date.

Outcome (Include recommendations/referrals):

Submit completed form to: Brittany Stemarie via secure/encrypted e-mail at
bstemarie@pendoreille.org or via confidential fax to (509) 447-2671.