

Strong Families Healthy Homes Program (SFHH)

Mental Health America of Wisconsin

Referral Form

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|---------------------------------|-------------------------|-----------------|
| Name of Person Completing Form: | Relationship to Parent: | Date Completed: |
| | | |

Strong Families Healthy Homes is a program for parents with mental illness. Please provide information on the parent and their children below.

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

Mental Health/AODA

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

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|--|
| 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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The Strong Families Healthy Homes Program offers two levels of care: groups/classes and intensive in-home, while offering a range of additional services. Please respond to the following questions to express your assessment of the parent's needs as well as to help us determine what services will best meet the parent's needs.

Are the parent's daily activities impacted by his/her mental illness? If yes, how?

How does the parent's mental illness impact his/her parenting skills and his/her children?

What are the parent's goals related to parenting?

What are the parent's goals related to his/her mental health?

What services are you hoping SFHH can provide for this family? Please check any that apply, and explain:

Nurturing Parenting classes Wellness Recovery classes Intensive in-home services

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?

Completed referrals should be e-mailed, faxed or mailed to Karissa Vogel (karissa@mhawisconsin.org). Once a referral is received by MHA for the SFHH program, it is reviewed by SFHH staff members. If needed, 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.