



Family Service Madison

Celebrating And Growing With Families And Our Community Since 1910

Steps to Success Intensive Day Treatment Referral Information Form

1) Demographics:

Name, parent(s) names, DOB, grade, address, phone number etc:

2) Insurance coverage/DCDHS involvement:

3) School information: Grade, special education needs/status. Cognitive level:

4) Presenting problems (behaviors that are problematic in the school setting/other settings) including description and frequency. Pay special attention to aggression.

5) Past services, if known.

6) Parents thoughts about a referral to an intensive day treatment program. Are they interested in the idea or do they seem reluctant?

Referral submitted by: _____ Date: _____

Phone Number: _____ EMAIL: _____

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United Way of
Dane County



Dane County
Department of
Human Services



The National
Council on
Accreditation



Prevention and Intervention
Center For Alcohol and other
Drug Abuse