



### Pre-Screening Form

Please send the form over once complete via email to the below.

Email: [admissions@plsmail.net](mailto:admissions@plsmail.net)

Subject: Referral for PLS

Attn: Meghan Kronforst or Alina Grigorian

Referring Source Name: Click to enter text	Referral Source: Click to enter text	Phone: Click to enter text	Email: Click to enter text
Funding Source: Click to enter text		Other Funding (explain): Click to enter text	
Client Referral's Full Name: Click to enter text	Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other (describe):	
Client Referral's DOB: Click or tap for date	Client Referral's Age: Click to enter text	Does the Client Referral currently have FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Client Referral's Current Address Street Number, Street, Apt. # City, State and Zip Code		Brief Description of Reason for Client Referral Click to enter text	
Client Referral's Payee: Click or tap for date	Payee Contact Info: Click to enter text	Client Referral's Guardian: Click to enter text	Guardian Contact Info: Click to enter text
Desired Type of Placement: <input type="checkbox"/> CBRF <input type="checkbox"/> AFH <input type="checkbox"/> Supported Apartment Program (SAP) <input type="checkbox"/> Other (describe):			
Preferred Location: <input type="checkbox"/> Northeast Region (NER): Appleton, Green Bay, Neenah, Oshkosh <input type="checkbox"/> Southern Lakes Region (SLR): Fort Atkinson, Janesville, Waukesha, Whitewater <input type="checkbox"/> Other (describe):			
Current Diagnosis: Click to enter text – please separate each diagnosis by a semi-colon			
Referral's current legal status: <input type="checkbox"/> Chapter 51, Commitment <input type="checkbox"/> Chapter 54, Guardianship <input type="checkbox"/> Chapter 55, Protective Placement <input type="checkbox"/> Voluntary			
		Individual Needs Individual is/has:	Use boxes below here to give a short explanation of answers, if applicable.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- on the sex offender registry	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- fully ambulatory (not in need of any assistive devices or assistance)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- at least 18-years-old	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- capable of completing all personal cares without assistance	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- medically stable with no need for ongoing professional nursing care	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- current/history of substance use	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- current/history of aggression toward staff, peers, or property	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- current/history of elopement	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- current/history of suicidal ideations or attempts	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- able to be placed in a bedroom with a roommate	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- on probation	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- in agreement with placement	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	- capable and willing to follow program rules and staff directives	
Use this box to give more of an explanation to any answers, or to note anything additional for pre-screen process: Click or tap here to enter text.			
			Today's Date: Click or tap for date