



Pre-Screening Form
 Please send the form over once complete via email to the below.
 Email: admissions@plsmail.net
 Subject: Referral for PLS
 Attn: Meghan Kronforst or Alina Grigorian

Referring Source Name: <small>Click to enter text</small>	Referral Source: <small>Click to enter text</small>	Phone: <small>Click to enter text</small>	Email: <small>Click to enter text</small>
Funding Source: <small>Click to enter text</small>		Other Funding (explain): <small>Click to enter text</small>	
Referral's Full Name: <small>Click to enter text</small>	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 Current Address <small>Street Number, Street, Apt. # City, State and Zip Code</small>	Brief Description of Reason for Referral <small>Click to enter text</small>		
Desired Type of Placement: <input type="checkbox"/> CBRF <input type="checkbox"/> AFH <input type="checkbox"/> Supported Apartment Program <input type="checkbox"/> Other (describe):			
Preferred Location: <input type="checkbox"/> Northeastern Region (NER): Appleton, Green Bay, Neenah, Oshkosh <input type="checkbox"/> Pnuma Region: Appleton, Neenah <input type="checkbox"/> Southern Lakes Region (SLR): Fort Atkinson, Waukesha, Whitewater, Janesville <input type="checkbox"/> Other (describe):			
Diagnosis: <small>Click to enter text – please separate each diagnosis by a semi-colon</small>			
Referral's current legal status: <input type="checkbox"/> Chapter 51, Commitment <input type="checkbox"/> Chapter 55, Protective Placement <input type="checkbox"/> Chapter 54, Guardianship <input type="checkbox"/> Voluntary			
		Individual Needs	Use boxes below here to give a short explanation of answers, if applicable.
<small>Individual is/has:</small>			
<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: <small>Click or tap here to enter text.</small>			
			Today's Date: <small>Click or tap for date</small>