



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
COMPREHENSIVE EVALUATION REFERRAL FORM**

Revised 9/6/23

*(to be completed by the person referring the Accepted Applicant for a
Comprehensive Evaluation at HVMHC)*

INFORMATION ABOUT PERSON BEING REFERRED

Full Name: _____

Mailing Address: _____

DOB: _____ **Age:** _____ **Gender ID:** Male Female

Phone: (_____) _____ Cell Home **E-mail:** _____

Alternative Contact Name/Number: _____

Date Accepted to WRAP+: _____ **Type of Insurance:** _____

INFORMATION ABOUT REFERRAL SOURCE

- Trish Chandler**, Jail Intake Worker, Phone: 507-457-6539, tchandler@co.winona.mn.us
- Trish Costello**, Mental Health Practitioner, Phone: 507-961-6509, trishc@hvmhc.org
- Carin Hyter**, Treatment Court Coordinator, Phone: 507-457-6434, chyter@co.winona.mn.us
- Sierra Schier**, Mental Health Practitioner, Phone: 507-961-6495, sierras@hvmhc.org
- Katie Schild**, Criminal Justice Social Worker, Phone: 507-457-6483, kschild@co.winona.mn.us
- Self-Referral: The person being referred is making his/her own arrangements for a CE.**
- Other:** _____

INFORMATION ABOUT PERSON RECEIVING REFERRAL

- Christy Ferrington**, Adult Community Based Services Dir., Phone: 507-429-9885, ChristyF@hvmhc.org
- Kate Dieter**, Adult Community Based Services Coord., Phone: 507-429-9885, kated@hvmhc.org
- Kalene Engel**, WRAP+ Grant Manager, Phone: 507-453-3646, kalene@engellawoffice.com
- Kim Page**, Office Manager, Phone: 507-725-2022, kimp@hvmhc.org
- Barbara Von Cor**, Intake Coordinator, Phone: 507-474-9320, barbaravc@hvmhc.org
- Other:** _____

RELEASE OF INFORMATION ATTACHED

Accompanying this Referral Form is a valid Release of Information which authorizes HVMHC to provide information on the status of the Evaluation and the Evaluation itself to the Referral Source.

Date of Referral: _____

Signed: _____