



**Dane County
Department of Human Services
Division of Adult Community Services**

Director – Lynn Green
Division Administrator - Fran Genter

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DANE COUNTY EXECUTIVE

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REFERRAL TO CWC SHORT-TERM ASSESSMENT PROGRAM (STAP)

Name _____

Address _____

Phone _____

Guardian, address, phone _____

Support agencies _____

Case Manager/Support Broker _____

Describe reason for referral.

Describe actions that have been tried in order to address the concern.

List specific actions that are expected to occur during the stay at STAP. Explain why these actions can only occur at STAP and not in the community.

Estimated length of stay _____

List specific outcomes that are expected to occur during the stay at STAP.

Other related comments:

Return to Angela Radloff, Dane County Dept. of Human Services