



WeCARE2 Program  
621 Micaville Loop, Suite, 600  
Burnsville, NC 28714  
Main Number: (828) 675-4116

Date of referral: \_\_\_\_\_

### Self or Family Referral

We understand that this is likely a stressful time for you or for your loved one. Please provide us with some basic contact information and an MCHP referral specialist will be in contact with you within 72 business hours to share about the program and to schedule an appt. with the Clinical Director for further assessment. This form can be faxed to WeCare2 at (833) 947-3905 to the attention of "WeCare2".

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

County of residence: \_\_\_\_\_ Phone: (home/cell) \_\_\_\_\_ (Must live in Wake, Johnston, Cumberland or Durham County)

Insurance: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/cell) \_\_\_\_\_ (work) \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

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First Onset of Psychosis: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**For WeCare2 Use Only:** Date Received: \_\_\_\_\_