

Northern Human Services
Referral for Regional Care Liaison Program

For the client to be referred to the care liaison program, they must fit the following criteria set forth:

- Client is between the ages of 10-24 and live in CCRPHN or NCRPHN
- Client is high risk for suicide and have experienced a recent hospitalization, emergency contact, and/or having suicidal ideations
- Client and family/support system are willing to take part in the program
- Client is willing to sign disclosure paperwork giving permission for the care liaison to work with key support persons and providers

Client Name: _____

Date of Referral: _____ Date of Birth: _____

Legal Guardian (if applicable): _____

Phone: _____

Address: _____

Brief summary of treatment: _____

Referring Party: _____

Fax referrals to the closest office or email the care liaison at mwebb@northernhs.org.

- Berlin: (603) 752-5194
- Conway/Wolfeboro: (603) 447-1021
- Littleton: (603) 444-0145
- Colebrook/Groveton: (603) 237-4882

The care liaison can only take 10 clients at a time. When there is an opening, the care liaison will send an email. Thank you for understanding.