

Community Counseling Solutions (CCS)

Wraparound Coordinated Care Referral Form/Intensive Service Array Form Wheeler County

Wraparound is a planning process that follows a series of steps to help children and families realize their hopes and dreams. With the help of the wraparound coordinator, the Child and Family Team (people from the family's life) work together, coordinate their activities, and blend their perspectives of the family's situation – to achieve a common goal.

Check all that apply: ___ Wraparound Referral ___ Intensive Service Array Referral

Date of Referral:	Release of Information signed? YES ___ NO ___
Name of Youth:	Date of Birth:
Address:	City, State, Zip:
Phone Number:	
Legal Guardian	Phone Number:
Legal Guardian address:	Additional Contact information
Legal Guardian	Phone number:
Legal Guardian address:	Additional Contact information

Check all applicable Following Criteria	YES	NO	Comments
Youth has the Oregon Health Plan			
Youth is involved with at least 2 child serving systems/agencies: YES ___ NO ___			
<input type="checkbox"/> Behavioral Health (CCS)			
<input type="checkbox"/> Child Welfare /DHS			
<input type="checkbox"/> ED (IEP, 504, EI/ECSE, Suspension)			
<input type="checkbox"/> Developmental Disabilities			
<input type="checkbox"/> Head Start			
<input type="checkbox"/> Juvenile Justice			
<input type="checkbox"/> North Central Public Health			
<input type="checkbox"/> Gilliam County Family Services			
<input type="checkbox"/> Other _____			

Additional Supporting Criteria (Check all that apply)			
Significant risk of out of home placement	YES	NO	Comments
Multiple out of home placements			
Caregiver stress			
Elevating or significant risk of harm to self or others			
School disruption due to mental health symptomology			

Description of behaviors and concerns that prompted the referral:

Printed name of individual making referral:

Phone:

Mailing address

Signature of Review Committee Members:

Determination:

Approved for Wraparound: Approved: Yes ___ Not at this time ___

Referred to ISA Yes ___ No ___

Other Referrals: 1.

2.

3.

**Wraparound Care Coordinator - Rebecca Humphreys
OFFICE (541) 763-2746 FAX (541)763-2170**