

High-Fidelity Wraparound Program Referral Form

What is a High-Fidelity Wraparound Program?

THE WRAPAROUND PROCESS IS A WAY TO IMPROVE THE LIVES OF FAMILIES OF CHILDREN WITH COMPLEX NEEDS. IT IS A TEAM-BASED PROCESS DEVELOPING A PLAN OF CARE INDIVIDUALIZED TO THE STRENGTHS AND CULTURE OF THE CHILDREN AND THEIR FAMILIES.

Who Can Make a Referral?

ANYONE! OUR CLIENTS CAN SELF-REFER, COME FROM MEDICAL PROFESSIONALS, OTHER SOCIAL SERVICES OR LEGAL ENTITIES.

How To Submit A Referral

IT'S EASY. PLEASE COMPLETE THE FORM BELOW INCLUDING AS MANY DETAILS AS POSSIBLE. THEN SUBMIT IT OUR OFFICE BY EMAIL OR FAX.

EMAIL MELISSA:

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FAX: 937.562.5601

158 E Main Street | Xenia, OH 45385

[P] 937.562.5600 | [F] 937.562.5601

Name of Youth _____ Date of Birth _____
 Referred by Name/Agency _____ Date of Referral _____
 Referring Agency Contact Phone _____ Email _____ Fax _____

Legal Guardian Information:

Name: _____	Name: _____
Relationship to Youth _____	Relationship to Youth _____
Address: _____ _____	Address: _____ _____
Email: _____	Email: _____
Phone: _____	Phone: _____

Familial Relationships (residing in the home + all siblings)

NAME	AGE(S) (of minors)	RELATIONSHIP TO YOUTH	ADOPTED (Y/N)

Youth Involvement in The Last 30 Days (check all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Alternative School | <input type="checkbox"/> Health Department | <input type="checkbox"/> Mental Health Agency | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Child Welfare Services | <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> Ohio Works First Welfare | <input type="checkbox"/> Substance Abuse Program |
| <input type="checkbox"/> BRADS Program | <input type="checkbox"/> Individualized Education Program | <input type="checkbox"/> Probation / Parole | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Juvenile Court | <input type="checkbox"/> Psychological Hospitalization | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Medicaid Recipient | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> _____ |

Risk Factors

Name of Youth	Date of Birth						
	Risk Factor	Self	Family Member	Witness	Victim	Perpetrator	Details (current / past / other)
	<input type="checkbox"/> Aggressive Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Anger Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Anorexia / Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Drugs (illegal or prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Education (IEP, 504, repeated grades, suspension, expulsion, drop out, truancy...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Emotional Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Familial Conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Hears Voices / Sees Things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Housing Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Impulsive Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Intellectual Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Internet Access (unrestricted / unmonitored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Lack of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Physical Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Peer Relationship Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Personal Safety Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Prejudicial Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Resides in High Crime Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Running Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Risk Factors [p. 2]

Risk Factor	Name of Youth					Date of Birth	Details (current / past / other)
	Self	Family Member	Witness	Victim	Perpetrator		
<input type="checkbox"/> Sex Offense Charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Sexual Behavior (inappropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Suicide Attempt / Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Threats (Written or Verbal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Weapons Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER RISK FACTORS							
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please use the space below to describe additional factors, include more details or provide other relevant information:

Supporting Documents

Name of Youth

Date of Birth

Please check any supporting documents included with this referral:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Signed Release of Information | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mental Health Assessment _____ | <input type="checkbox"/> _____ |
| _____ | _____ |
| <input type="checkbox"/> Mental Health Records _____ | <input type="checkbox"/> _____ |
| _____ | _____ |
| <input type="checkbox"/> Personal Letter from Family _____ | <input type="checkbox"/> _____ |
| _____ | _____ |
| <input type="checkbox"/> School Records _____ | <input type="checkbox"/> _____ |
| | _____ |

Please provide a short case history with your submission either as a separate attachment or in the space provided below: