

**High Fidelity Wraparound Referral Form**

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| **Date of Referral** |  |

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| --- | --- |
| **Youth Information** | |
| Name |  |
| Address |  |
|  |
| County |  |
| Phone Number(s) |  |
|  |
| Email |  |
| Birth Date |  |
| Gender |  |
| Ethnicity/Race |  |
| Languages Spoken |  |

|  |  |
| --- | --- |
| **Primary Guardian(s) Information** | |
| Name |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |
| Birth Date |  |
| Gender |  |
| Ethnicity/Race |  |
| Languages Spoken |  |

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| --- | --- |
| **Additional Parent/Caregiver Information** | |
| Name |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |
| Ethnicity |  |
| Languages Spoken |  |

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| **Reason for Referral**  **Please include background information (school/peer issues, behavioral or safety concerns), desired outcome of service and attach supporting documentation as necessary.** |
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| **Living Situation** | |
| Out-of-home placement (e.g. foster care, residential treatment) |  |
| Independent |  |
| With family |  |
| Other |  |

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| **Involvement with County and Other Systems (check as many as apply)** | |
| Criminal Justice |  |
| Family Court |  |
| Child Protection Services (CPS) |  |
| Other |  |

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| **Other Family Members** | |  |
| **Name** | **Relationship to Youth** | **Contact (if Applicable)** |
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| **Professionals Involved (case workers, therapist, probation officer…..)** | |
| Name |  |
| Agency/Title |  |
| Phone Number(s) |  |
|  |
| Email |  |

|  |  |
| --- | --- |
| **Professionals Continued** | |
| Name |  |
| Agency/Title |  |
| Phone Number(s) |  |
|  |
| Email |  |

|  |  |
| --- | --- |
| **Professionals Continued** | |
| Name |  |
| Agency/Title |  |
| Phone Number(s) |  |
|  |
| Email |  |

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| **School** | |
| Name |  |
| Main Contact Person |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |
| IEP or 504 Plan | YES or NO |

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| **Supporting Documentation (check if attached)** | |
| Child Protection Services (CPS) Case Plan |  |
| **Diagnostic Assessment (required, must be within 180 days of referral date)** |  |
| Court Hearing Report |  |
| Individualized Education Program (IEP) |  |
| Parenting Assessment |  |
| Other |  |