



## High Fidelity Wraparound Referral Form

<b>Date of Referral</b>	
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<b>Referent Information</b>	
Name	
Agency/Title	
Phone Number(s)	
Email	

<b>Cultural Consideration or No Preference (fill out if applicable)</b>

<b>Preferred Provider Gender: Male / Female / No Preference (fill out if applicable)</b>

<b>Youth Information</b>	
Name	
Address	
County	
Phone Number(s)	
Email	
Birth Date	
Gender	
Ethnicity/Race	
Languages Spoken	

<b>Primary Guardian(s) Information</b>	
Name	
Address	
Phone Number(s)	
Email	
Birth Date	
Gender	
Ethnicity/Race	



Languages Spoken	
Preferred Language	

Additional Parent/Caregiver Information	
Name	
Address	
Phone Number(s)	
Email	
Ethnicity	
Languages Spoken	
Preferred Language	

Living Situation (check)	
Out-of-home placement (e.g. foster care, residential treatment)	
Independent	
With family	
Other	

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

Other Family Members		
Name	Relationship to Youth	Contact (if Applicable)

**Reason for Referral**  
Please include background information (school/peer issues, behavioral or safety concerns), desired outcome of service and attach supporting documentation as necessary.

**What are identified needs and goals for the youth and most intense needs?  
What's the family's overall need(s)?**



Professionals Involved (case workers, therapist, probation officer.....)	
Name	
Agency/Title	
Phone Number(s)	
Email	
What has been effective so far, and what has not?	

Professionals Continued	
Name	
Agency/Title	
Phone Number(s)	
Email	
What has been effective so far, and what has not?	

Professionals Continued	
Name	
Agency/Title	
Phone Number(s)	
Email	
What has been effective so far, and what has not?	

School	
Name	
Main Contact Person	
Address	
Phone Number(s)	
Email	
IEP or 504 Plan	YES NO
Is there any additional school-related information we should be aware of?	



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

**Before submitting this referral please ensure:**

- Non-Self Referent: Youth and family is OK with you making referral and providing their contact information.
- A release of information has been signed by the family (use your agency's ROI, if your agency does not have one please download and complete ROI from our website).
- If there are no open spots in the program, the youth can be placed on a waitlist if they wish and resources will still be provided, and short term/crisis support is still available.

