

Community Counseling Solutions (CCS)

Grant County Wraparound Coordinated Care Referral Form

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.

Date of Referral:	Release of Information signed? YES <u> </u> NO <u> </u>
Name of Youth/Child:	Date of Birth:
Address:	City, State, Zip:
Phone Number:	
Legal Guardian:	Phone Number:
Parent Name:	Phone Number:
Parent Name:	Phone Number:

Must Meet Following Criteria	YES	NO	Comments
Youth has the Oregon Health Plan			
Youth is involved with at least 2 child serving systems/agencies: YES <u> </u> NO <u> </u>			
<input type="checkbox"/> Behavioral Health (CCS)			
<input type="checkbox"/> Child Welfare			
<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"/> Families First Parent Resource Center			
<input type="checkbox"/> Other _____			
Additional Supporting Criteria (Check all that apply)			
Significant risk of out of home placement			
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:
Address:		
Signature of Review Committee Members:		
Determination of Wraparound Committee:	Approved _____	Not at this time _____
	Youth will be put on a waiting list _____	

Wraparound Care Coordinator – Jessica Madden
Family Partner – Michelle Deming
Youth Partner – Catrina Webster
(541) 575-1466