



# Clermont County Wraparound Referral Packet

Date: \_\_\_\_\_

Identified Youth's Name	Date of Birth	Adopted Y or N	School	Grade	Ethnicity/ Race	Gender
Education Placement (Check One)	<input type="checkbox"/> Regular School <input type="checkbox"/> Home Instruction <input type="checkbox"/> PH <input type="checkbox"/> Alternative School <input type="checkbox"/> Home Schooled <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Dropped Out					
<b>Referred By:</b>			<b>Agency:</b>			
<b>Email:</b>			<b>Phone:</b>			

**Does youth have Medicaid?**    Yes    No

**Service Requested (leave blank if uncertain):**  
 High Fidelity Wraparound   
 Service Coordination  
 Information and Referral

**Parties Involved:**  
 Board of Developmental Disabilities   
 Children's Protective Services  
 Juvenile Court   
 Job and Family Services  
 Mental Health Services   
 Addiction Services  
 School   
 Physician/Hospital  
 Early Intervention Service Coordination/Help Me Grow  
 Other \_\_\_\_\_

Is the youth on an IEP?     Yes    No      Preferred Language: \_\_\_\_\_

Guardian Name:	Guardian Name:
Relation:                  Marital Status:                  Date of Birth:	Relation:                  Marital Status:                  Date of Birth:
Address:	Address:
City:                                  State:	City:                                  State:
Zip:                                  Home Phone:(    )	Zip:                                  Home Phone:(    )
Employer:	Employer:
Work Phone:(    )                  Cell:(    )	Work Phone:(    )                  Cell:(    )
Email:	Email:

**Is youth currently out of the home (hospital, detention, treatment facility)?**    Yes    No   If yes, complete the following:

Placement:	Contact:
Address:	Phone: (    )
City:                                  State:                  Zip:	Email:

Other household members:	DOB	Relationship	Adopted Y or N	School	Grade

**Current Personal or Community Supports and Service Providers**

(Juvenile Court, Dev. Disabilities, School, Mental Health, Children's Services, Church, Family, Friends, Scouts, etc.)

NAME	AGENCY/ORGANIZATION (if applicable)	ROLE- RELATIONSHIP	PHONE (ext)	EMAIL ADDRESS

**Mental Health Diagnosis:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Prescribed by:** Dr. \_\_\_\_\_

**Primary Physician's Name:** \_\_\_\_\_

**Check if History of Abuse:**  Physical  Sexual  Neglect  Victimization

Reports of sexual and/or abuse of the youth, **past or present**. (Professional must follow duty to report mandate if this event has not already been reported)

**Which if any of the following systems has your child been involved with in the past 12 months?**

Could you briefly explain their involvement?

- JFS/Children's Services \_\_\_\_\_
- Mental Health Treatment \_\_\_\_\_
- Substance Use Treatment \_\_\_\_\_
- Developmental Disabilities \_\_\_\_\_
- Health Care \_\_\_\_\_
- Special and/or Alt. Education \_\_\_\_\_
- Juvenile Ct/ Law Enforcement \_\_\_\_\_

Check if the court has found the youth:  Unruly  Delinquent (criminal offense if an adult)

## ***Presenting Risks that occurred in the PAST 30 DAYS.***

### ***Behavior:***

- Suicidal Ideation: Youth **states, talks, or thinks** about **hurting or killing self**.
- Suicidal Gestures: Youth engages in **non-life threatening behavior**, concurrent with **thoughts and/or talk about suicide**.
- Suicide Attempt: Serious **life threatening attempt with clear intent and desire to commit suicide**. (attempted hanging; potentially lethal overdose; involvement of a gun)
- Self-Injurious Behaviors: Self-harming behaviors that are not life threatening and may be of a chronic nature such as: **cutting, head banging, ingestion or insertion of objects**.
- Violent Behaviors: Behaviors that cause **serious harm**, injury, or damage to people, property or animals. Example: **domestic violence, animal torture**, extensive property damage **with intent to harm**.
- Aggressive Behaviors (Towards people or animals etc): Youth demonstrates behaviors that are potentially **dangerous or harmful to people or animals, without serious damage**. Examples: Bullying, pushing.
- Verbal or Written Threats to Others: Youth states or writes threats of harm toward people, places, or things.
- Availability of Weapons: Youth has access to obtaining weapons through self, family, friends, or neighbors.
- Impulsive Behaviors: Youth exhibits behaviors without thought or planning that are potentially **dangerous or harmful to self or others**.
- Limited Ability to Control Anger: Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.
- Runaway: History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.
- Negative peer involvement or gang activity: Peer or gang involvement that results in negative behaviors by the youth.
- Chargeable Sex Offense: Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.
- Prejudicial thinking: Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views **pose a potential risk to others or property**.
- Known/Suspected Criminal Activity: Youth is suspected of, or admitted to, being **involved in activities that are chargeable offenses**; has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges.
- High Risk Sexual Behavior: Youth has a recent or current history of sexually active behaviors **without regard for personal safety** or negative outcomes.
- Youth uses drugs or alcohol: Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.
- Anorexia or Bulimia: Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.
- Anxiety: Youth has **intense anxiety**, avoidance, obsessions, compulsions, fearfulness or persistent and excessive worry.
- Fire Setting Behaviors: Fascination with fire, play with matches or objects that have the potential to **set fire and harm self or others**. Previous reports of fire setting or a pattern of concerns related to fire.

## Family/Caregiver/Environmental

- Caregiver with chronic/acute mental illness, developmental delay, or mental retardation: Caregiver has significant mental illness, developmental disability, or mental retardation where the **disability compromises or limits his or her ability to care for the needs of youth** and family. Caregiver's disability may limit their ability to monitor and supervise the youth.
- Caregiver with Drug or Alcohol Problem: Caregiver has a substance abuse problem which **compromises or limits his or her ability to care for the needs of youth** and family. Such use may limit their ability to monitor and supervise the youth.
- Caregiver with severe chronic illness: Caregiver has significant chronic illness that is debilitating and **limits his or her ability to care for the needs of youth** and family. Caregiver's illness may limit their ability to monitor and supervise the youth.
- Resides in high crime neighborhood: Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal **daily activity and functioning is limited because of these safety concerns.**
- Unrestricted internet access: Evidence of access and/or exposure to internet sites **that pose a risk or danger to the youth**; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.
- Lack of caregiver supervision or behaviors that overwhelm caregiver resources: Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes or such severe behavior **caregiver cannot adequately address safety of youth.**
- Current Placement Suspected Child Abuse: Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.

- Acute Family Crisis: Family is experiencing a crisis, family defined, that **restricts or limits their resources or abilities to care for or supervise youth's safety or behaviors.**
- Family Conflict: Verbal or physical family disagreements that pose a real or potential risk or **safety concern to the youth and/or family.**
- Poverty, Youth's Lack of Stable Residence/Homelessness: Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns or caregiver lacks resources to meet basic needs of youth.

## Emotional Disturbances

- Limited Developmental Capacity to Maintain Personal Safety: Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.
- Severe social impairment: Youth has significant social interaction problems or misperceives social situations and **youth's behavior causes safety issues for self or others**, and/or youth has strong reaction to their environment or sensory input that **interferes with normal functioning.**
- Mood difficulties: Youth or parents state that the youth appears to be **depressed**, withdrawn, and/or shows marked diminished interest or pleasure in activities and/or period of **abnormally and persistently elevated or irritable mood.**
- Hears voices or sees things: Youth states hearing voices or seeing things that are not based in reality.

## School

- Suspended, Expelled, or Dropped Out of School: Youth has **multiple suspensions from school that places him or her at risk of expulsion**, is expelled from school, or has dropped out of school.
- Held Back/Behind in Grade: Youth has been retained one or more years in school.

Truancy: Admitted or reported failure to attend school on a regular basis, which may result in legal action.

which may cause functional impairment or limit daily activities, or educational progress.

Emotional or Educational Disabilities: Youth has been assessed to have a **serious emotional, developmental, and/or learning disability,**

\*Adapted from Stark County Family Council  
*Community Wraparound*

Child's Strengths: \_\_\_\_\_

\_\_\_\_\_

Barriers to Treatment: \_\_\_\_\_

\_\_\_\_\_

What is the goal of this referral? What would you like to accomplish?

\_\_\_\_\_

\_\_\_\_\_

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For FCF office use only

Accepted

Declined

Assigned to: \_\_\_\_\_