

**Community Counseling Solutions (CCS)**  
**Wraparound Coordinated Care Referral Form/Intensive Service Array Form**  
**Wheeler County**

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.

Check all that apply:  Wraparound Referral  Intensive Service Array Referral

Date of Referral:	Release of Information signed? YES . <b>NO</b>
Name of Youth:	Date of Birth:
Address:	City, State, Zip:
Phone Number:	
Legal Guardian	Phone Number:
Legal Guardian address:	Additional Contact information
LeQal Guardian	Phone number:
Legal Guardian address:	Additional Contact information

Check all applicable Following Criteria	YES	NO	Comments
Youth has the Oreoon Health Plan			
Youth is involved with at least 2 child servingsystems/agencies:	<b>YES</b>	<b>NO</b>	
<input type="checkbox"/> Behavioral Health (CCS)			
<input type="checkbox"/> Child Welfare /OHS			
<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"/> North Central Public Health			
<input type="checkbox"/> Gilliam County Family Services			
<input type="checkbox"/> Other			
<b>Additional Supporting Criteria (Check all that a1:&gt;DIY)</b>			
Significant risk of out of home placement			
Multiple out of home placements			
CareQiver stress			
Elevating or significant risk of harm to self or others			
School disruption due to mental health symptomology			
<b>Description of behaviors and concerns that prompted the referral:</b>			

Large empty rectangular box for notes or additional information.

Printed name of individual making referral:

Phone:

**Mailing** address

Signature of Review Committee Members:


Determination:

Approved for Wraparound: Approved: Yes\_\_ Not at this time \_

Referred to ISA Yes\_\_\_ No \_\_\_\_\_

- Other Referrals: 1.  
2.  
3.

Wraparound Care Coordinator - Rebecca Humphreys  
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