Community Counseling Solutions (CCS)

Morrow 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 form 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 **NO**
Name of Youth:	Date of Birth:
Address:	City, State, Zip:
Phone Number:	Legal Guardian/Parent:
	Phone Number:
	Additional Phone Numbers:

Must Meet Following Criteria	YES	NO	
Youth has the Oregon Health Plan			**MUST BE ENROLLED IN OHP TO QUALIFY**
AND Youth is involved with at least 2 child serving systems/agencies: YES NO			
	YES	**NO**	Comments (Please be specific)
□ Behavioral Health (CCS)			
□ Child Welfare /OHS			
check all that apply □ ED (□IEP, □504, □EI/ECSE, □Suspension,□ Alternative School)			
□ Developmental Disabilities			
□ Head Start			
o Juvenile Justice			
o Morrow County Public Health Home Visiting Program			
o Morrow County CARE			
ADDITIONAL SUPPORTING CRITERA (CHECK ALL THAT APPLY)			Please comment on supporting criteria
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 symptomoloav			
Medically fragile, significant health issues that impact attendance in school			

Description of past and current behaviors and concerns that prompted the referral (Please give enough information for the review committee to make an informed decision):

Printed name of individual making referral:	Phone:
Mailing address	
Email 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 - Stephanie Fuentes
OFFICE (541) 481-2911   FAX (541)481-2006