

**High Fidelity Wraparound Referral Form**

|  |  |
| --- | --- |
| **Date of Referral** |  |

|  |  |
| --- | --- |
| **Youth Information** | |
| Name |  |
| Address |  |
|  |
| County |  |
| Phone Number(s) |  |
|  |
| Email |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |

|  |  |
| --- | --- |
| **Primary Guardian Information** | |
| Name |  |
| Address |  |
|  |
| County |  |
| Phone Number(s) |  |
|  |
| Email |  |
| Birth Date |  |
| Gender |  |
| Ethnicity |  |
| Languages Spoken |  |

|  |
| --- |
| **Reason for Referral**  **Please include background information (school/peer issues, behavioral or safety concerns), desired outcome of service and attach supporting documentation as necessary. Call 612.877.7835 with questions.** |
|  |

|  |  |
| --- | --- |
| **Legal/Living Situation (check as many as apply)**  **Please attach supporting documentation as appropriate.** | |
| Residential treatment facility |  |
| Transitional housing facility |  |
| Out-of-home placement (e.g. foster care) |  |
| Independent |  |
| With family |  |
| Other |  |

|  |  |
| --- | --- |
| **Involvement with County and Other Systems (check as many as apply)**  **Please attach supporting documentation as appropriate.** | |
| Criminal Justice |  |
| Family Court |  |
| Child Protection Services (CPS) |  |
| Chemical Dependency Program |  |
| Assistance Program through State |  |
| Other |  |

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

|  |  |
| --- | --- |
| **Youth Case Worker** | |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

|  |  |
| --- | --- |
| **Youth Probation Officer** | |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

|  |  |
| --- | --- |
| **Youth Therapist (attach Release of Information form if applicable)** | |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

|  |  |
| --- | --- |
| **Other Contact** | |
| Name |  |
| Agency |  |
| Address |  |
|  |
| Phone Number(s) |  |
|  |
| Email |  |

|  |  |
| --- | --- |
| **Supporting Documentation (check if attached)** | |
| Child Protection Services (CPS) Case Plan |  |
| Psychological Evaluation (required for Wraparound) |  |
| Court Hearing Report |  |
| Individualized Education Program (IEP) Statement |  |
| Parenting Assessment |  |
| Other |  |