

Wraparound with Intensive Services (WISe) Referral Form

**This form can be used for any WISe Program for children/youth with Medicaid, including Multisystemic Therapy (MST); Transitional Age Youth (TAY) WISe at Community Youth Services (CYS) and WISe provided by Catholic Community Services (CCS). It can also be used for children/youth without Medicaid for MST at CYS and Wraparound at CCS.
SERVICES SUPPORTED BY THE MASON THURSTON WRAPAROUND INITIATIVE**

Referral Date:	Time:	
Referred by: Affiliation:		Referent Phone:

Is the youth/child:

- Actively Enrolled in Medicaid
 Residing in Thurston or Mason County
 Under the age of 21

***Please note:** If any of the above criteria are not met, the youth/child is not eligible for WISe*

Provider 1 #

<p>For MTWI Use Only: Does the P1 Managed Care Information section indicate Thurston-Mason BHO capitated? <input type="checkbox"/> yes <input type="checkbox"/> no If no, family must report "change of circumstance" (i.e., address change) to HCA (by calling 877-501-2233 or on-line) before starting WISe services.</p>
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Child/Youth Name: DOB: Gender: M/F	Address: Phone:
Race (circle 1): White African-Am Asian-Am Hispanic origin ? Yes No Native-Am Bi-racial (specify): _____	
School: Grade:	This space for MTWI Use Only
Name of Parent(s)/Primary Caregiver(s): (if applicable) Has parent/youth been contacted/aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:
Name of Legal Guardian/Caregiver(s) if different than above:	Phone:
Children/Youth/Family strengths, interests and/or activities:	
Reason for Referral:	
Safety Concerns?	

Is there a parent, caregiver or natural support available to participate in the wraparound process? (if applicable) Yes No

Complete this section for **youth 12-17** with caregivers who want treatment focused on empowering them with the skills and resources needed to independently address the difficulties parenting youth with anti-social behaviors.

Check all that apply:

Caregiver(s) committed to the youth remaining with them for at least six months.

No mental health needs likely to require hospitalization in the near future.

No Autism Spectrum Disorder

No developmental/intellectual disabilities directly related to/or cause of behaviors.

If all of the items above have been checked, please contact Multisystemic Therapy Program Director Tricia Wiltse at Community Youth Services 360-918-7889.

Is the family currently receiving intensive or in-home therapy/treatment? If so, please describe: _____

Systems and Issues known to be involved with the Child/Youth:

Legal/Justice: Yes No

Number of Arrests in the last 12 months:

Number of Convictions in the last 12 months:

At risk for Legal/Justice reasons:

Mental Health: Yes No **If Yes** Circle or Check One BHR Sea Mar

Number of emergency room (ER) visits related to health concerns in last 12 months:

- If ER visits listed, was mental health a primary factor for any visit: Yes/No (circle one)
- Was substance abuse a factor in any of these ER visits: Yes/No (circle one)

At risk for Mental Health need:

Drug and/or Alcohol Issues: Yes No

At risk for Drug/Alcohol reasons:

Division of Children & Family Services: Yes No

Program Enrollment- Circle any/all that apply: Foster Care; Child Protective Services, Family Reconciliation Services; Child Welfare; Behavioral Rehab Services; Family Preservation Services; Other (describe) _____

Division of Developmental Disabilities: Yes No

Current Services:

School Challenges: Yes No

Truancy? Suspended/Expelled: Yes No Reason (if known):

Current IEP/504/ Behavior Plan/Contract: Yes No Unknown

Please complete the following to the best of your knowledge (not required):

CROSS SYSTEM INVOLVEMENT: When was youth's most recent involvement with the following?							
Current	Past 30 days	Past 12 months	More than 12 months ago	Never	Don't know	Most recent involvement in . . .	Provider/Agency/Detail (Include phone number if possible)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Behavioral Rehabilitation Services	Pre-BRS Screen?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Foster Care	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other Children's Administration Services (CPS, FRS, Child Welfare)	Social Worker: Contracted Provider Services?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Juvenile Justice (Arrests, Probation, Detention, Dispositional Alternatives)	PO:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Juvenile Rehabilitation (JJ&RA Institution, Parole)	Detail:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Special Education	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developmental Disabilities Administration	Case Manager:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance Abuse – Outpatient Treatment	Where:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance Abuse – Inpatient Treatment	Where:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance Abuse – Detox	Where:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – Outpatient Treatment – Non-BHO	Current Provider: Past Provider:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – Outpatient Treatment – BHO, i.e. BHR, Sea Mar, CYS, CCS	Current Provider: Past Provider:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – CLIP Childrens Long Term Inpatient Program	Where:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – Other Inpatient Treatment (Psychiatric Hospitalizations, State Hospitals)	Where:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – Crisis Service	Provider:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	School-Based Behavioral Health Services-mental health/drug-alcohol	Counselor:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tribal Behavioral Health Services	Tribe:

Child/Youth/Family and Natural Support Contact Information:

Please list additional family members, friends, supportive individuals or professionals involved with the child/youth that may want to participate on the wraparound team. Include contact information if available and list any known contact restrictions:

Name	Relationship	Address/Phone	Comments

PLEASE COMPLETE IF THE YOUTH IS AGE 13 OR OLDER AND PARTICIPATING IN COMPLETING THIS REFERRAL FORM

I, _____, consent to having the following individuals contacted concerning eligibility and admission into WISe:

- Referent (Whoever is helping to fill out and fax this form in for you)
- Parent/Legal Guardian/Caregiver
- Individuals listed as possible wraparound team members
- Probation/Parole Counselor: _____
- School: _____
- Other's that may help us reach you: _____

Youth Signature: _____ Date: _____

Witness Signature (referent): _____

Please fax completed form to Donna Obermeyer, WISe Coordinator at 360-489-0402

For More Information Contact:

Donna Obermeyer, WISe Coordinator (360) 790-7505 familyalliancewashington@gmail.com	Catholic Community Services Family Behavioral Health Heidi Williams 360-878-8248 HeidiW@ccsw.org	Community Youth Services Multi-Systemic Therapy: Tricia Wiltse 360-918-7889 twiltse@communityyouthservices.org Transitional Age Youth: Athena Grijalva 360-918-7891 agrijalva@communityyouthservices.org
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