

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:

Receiving Outpatient Mental Health Services: Yes No If Yes Circle or Check: BHR

Sea Mar Consejo True North Catholic Community Crisis Services

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 Receiving Outpatient Treatment: Yes No

At risk for Drug/Alcohol reasons:

Department of Children, Youth and Families: 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) _____

Developmental Disabilities Administration Enrollment: 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

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 (Whomever 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: _____
- Others 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:

<p>Donna Obermeyer, WISe Coordinator (360) 790-7505 familyalliancewashington@gmail.com</p>	<p>Catholic Community Services Family Behavioral Health</p> <p>Heidi Williams 360-878-8248 HeidiW@ccsww.org</p>	<p>Community Youth Services</p> <p>Multi-Systemic Therapy: Tricia Wiltse 360-918-7889 twiltse@communityyouthservices.org</p> <p>Transitional Age Youth: 360-918-7860 icd@communityyouthservices.org</p>
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The next page is optional.

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

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 Department of Children, Youth & Families (<i>CPS, FRS, Child Welfare</i>)	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 (<i>Arrests, Probation, Detention, Dispositional Alternatives</i>)	PO:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Juvenile Rehabilitation (<i>JJ&RA Institution, Parole</i>)	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-Medicaid	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 – BHR, Sea Mar, Consejo CYS, CCS, True North	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 (<i>Psychiatric Hospitalizations, State Hospitals</i>)	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:

