

# Wraparound Referral – Umatilla County

\*Please complete all pages and then email to: [wraparound@ccsemail.org](mailto:wraparound@ccsemail.org)

**Please have the youth and/or their family complete this section:**

I understand that \_\_\_\_\_ has been referred to the following program:

- Wraparound
- Intensive Care Coordination (ICC)

A Wraparound Review Committee will meet to review this referral. They will discuss the youth and the family's strengths and needs. You are welcome to be a part of this meeting. A Wraparound Care Coordinator will call you after the Committee meets. They will share the committee's decision. They will also share any recommendations the committee may make.

*I understand that Wraparound and ICC are voluntary, and I am interested in participating.*

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Youth Signature

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Date

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Parent/Guardian Signature

Relationship

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Date

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Parent/Guardian Signature

Relationship

---

Date

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Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Oregon Health Plan? Yes  No  OHP Member ID: \_\_\_\_\_

Does the youth have private insurance in addition to OHP? Yes  No

If yes, private insurance carrier: \_\_\_\_\_

Please mark the systems this youth and their family are involved in:

- A. Mental Health
- B. Juvenile Justice Probation Officer / OYA Detention
- C. DHS Child Welfare Permanency Worker Assigned
- D. Intellectual Developmental Disabilities Services Coordinator Assigned
- E. Has an IEP or 504
- F. Other  \_\_\_\_\_

**Referred by:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Current School:** \_\_\_\_\_ Relationship: \_\_\_\_\_

**Current Mental Health Provider:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Youth and Family Information**

Parents: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Current Placement: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

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**What has been tried already? What worked and what didn't?**

**What are the youth and family good at (strengths)?**

**What specific needs do the youth & family have? Include cultural and language needs.**

**How will Wraparound help the youth and family?**

**Would the youth like to work with a Youth Partner?**

Yes

No

**Would the family like to work with a Family Partner?**

Yes

No