

Wraparound ReferralE-mail to: WrapReferrals@saccounty.net

Referral Date: _____

CLIENT INFORMATION

Name: _____ DOB: _____ Sex at Birth: _____ Language: _____ SSN: _____

Address: _____ Phone: _____

Caregiver Name: _____ Language: _____

Address: _____ Phone: _____

Attorney Name: _____ Phone: _____

Type of Placement: Choose an item.If **placed outside** of Sacramento County, has a determination been made about Presumptive Transfer? N/A Yes, determination: **presumptive transfer** date: _____ or **waiver** of presumptive transfer date: _____ No, contact CPS Presumptive Transfer Point of Contact: Sarah Duncan 916-875-6786 or SacCPS1299@saccounty.net

Referring SW/Probation/Caregiver: _____

Desk Phone: _____ Cell Phone: _____ Email: _____

Supervisor: _____

Desk Phone: _____ Cell Phone: _____ Email: _____

Case Type: Choose an item.**Specific Wrap Provider Request (optional):** _____

Previous mental health or SUD services? Outpatient FIT TBS Full Service Partnership Wraparound TFC Psychiatric Hospitalization ADS ERMHS None Other: _____**Current and active mental health or SUD services?** Outpatient FIT TBS Full Service Partnership Wraparound TFC Psychiatric Hospitalization ADS ERMHS None Other: _____

SCHOOL INFORMATION

School: _____ Grade: _____ Ed Rights Holder: _____

MEDICAL INFORMATION**Hospitalizations:** Choose an item. **Hospitalization Details:** _____**Psychotropic Medications:** Choose an item. If yes, attach JV220

Indicate which of the following documents you have attached: IEP JCE 366 Minute Order Probation Report JV 220 JV535 Exception Request ED Rights OtherEmail form and attachments to WrapReferrals@saccounty.net or fax to 916-854-8854 ATTN: WRAP Contract Monitor.**Incomplete referrals may delay the processing.**

Has a CFT been convened and the team agreed with the Wrap referral? No Yes, Date: _____

If no, when will CFT be convened to discuss service options? Date: _____ **Do Not Leave Blank**

CLINICAL RATIONALE FOR WRAPAROUND SERVICES (REQUIRED):

STRENGTHS (Required):

- | | | |
|---|---|--|
| <input type="checkbox"/> Access to transportation | <input type="checkbox"/> Good hygiene | <input type="checkbox"/> Is a leader |
| <input type="checkbox"/> Cares about animals | <input type="checkbox"/> Good connection to a Community | <input type="checkbox"/> Likes school |
| <input type="checkbox"/> Cares about others | <input type="checkbox"/> Has hobbies | <input type="checkbox"/> Placement stability |
| <input type="checkbox"/> Communicative | <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Shares |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Has medical care | <input type="checkbox"/> Stable housing |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Permanency Plan | <input type="checkbox"/> Has friends |
| <input type="checkbox"/> Developmentally on track | <input type="checkbox"/> Physically Healthy | |
| <input type="checkbox"/> Family involved | <input type="checkbox"/> Independent | |

CHALLENGES/NEEDS THAT INTERFERE WITH YOUTH'S QUALITY OF LIFE OR JEOPARDIZES PLACEMENT (Required):

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol or Drug use issues | <input type="checkbox"/> Gang affiliation | <input type="checkbox"/> Poor attachment |
| <input type="checkbox"/> Preoccupied with Anxiety | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Poor school attendance |
| <input type="checkbox"/> Assaultive | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Parental mental health issues |
| <input type="checkbox"/> AWOLS | <input type="checkbox"/> Insecure Housing | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Conflict with authority | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Refuses counseling |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Self-Injury |
| <input type="checkbox"/> Depressed/withdrawn | <input type="checkbox"/> Isolated | <input type="checkbox"/> Shows no remorse |
| <input type="checkbox"/> Defies authority | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Death of significant person | <input type="checkbox"/> Limited family contact | <input type="checkbox"/> Suicidal talk/ideation |
| <input type="checkbox"/> Does not want reunification | <input type="checkbox"/> Medical care | <input type="checkbox"/> Temper/anger control |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Victimizes |
| <input type="checkbox"/> Multiple placements | <input type="checkbox"/> Neglect | <input type="checkbox"/> Violent crime witness |
| <input type="checkbox"/> Fire setting | <input type="checkbox"/> Permanency | <input type="checkbox"/> 3 + placements in last 24 mos |
| <input type="checkbox"/> Poor Nutrition Habits | <input type="checkbox"/> Property damage | |
| <input type="checkbox"/> Follower | <input type="checkbox"/> History of Physical abuse | |

ADDITIONAL DETAILS