

[illegible]



Professional Supports: (Name of Contact)	Role:	Phone:	E-mail Address:
Children Services:			
Juvenile Court:			
Mental Health Provider:			
Substance Abuse Treatment:			
Developmental Disabilities:			
School:			
Other:			
Natural Supports:			

Additional Information:

☐ Yes ☐ No Is Youth/Child currently in school? School: _____ Grade: _____

☐ Yes ☐ No Does the Youth/Child have an IEP

☐ Yes ☐ No Does the Youth/Child have a Mental Health Diagnosis.

Date of Diagnosis: _____ Diagnosis provided by whom: _____

☐ Yes ☐ No Is an assessment scheduled? When/Where: _____

☐ Yes ☐ No Does the Youth/Child have pending charges in Juvenile Court?

☐ Yes ☐ No Are there current safety concerns? If so, please describe _____

☐ Yes ☐ No Family was explained Wraparound and wants to participate.

☐ Yes ☐ No Have there been other interventions/providers involved? If yes, explain _____

Guardian/Parent Signature: _____ Date: _____



Youth Name:		D.O.B.		Screen Date:	
Family Name:			Wraparound Facilitator:		
Score:		Level of Service:			
Known presenting risks in the last 30 days unless otherwise specified. Mark each box with an "X" if identified risk.					
Suicidal Ideations, attempts (3 pts.)		Violent behaviors (3 pt.)		Chargeable sexual offense (3 pts.)	
Self-injurious behavior (2 pts.)		Hears voices/sees things (2 pts.)		Fire setting-current or history (2 pts.)	
Acute family crisis (2 pts.)		Victimization: Physical, emotional, or sexual (2 pts.)		Verbal/written threats (2 pts.)	
Runaway- current or history (2 pts.)		Lack of stable residence/homelessness (2pts.)		Suspected abuse in current placement (2 pts.)	
Availability to weapons (2 pts.)		Parents w/ severe/chronic illness (2 pts.)		Parent w/ drug or alcohol issue (2 pts.)	
Limited developmental capacity for personal safety (2 pts.)		Sexual acting out/impulsivity (2 pts.)		Parent w/ mental disability (2 pt.)	
Aggressive behaviors (1 pt.)		Drug/alcohol use (1pt.)		Lack of supervision/monitoring (1 pt.)	
Resides in a high-risk neighborhood (1 pt.)		Negative peer involvement/gang activity (1 pt.)		Anorexia/ Bulimia (1 pt.)	
Suspended, expelled, drop out of school (1 pt.)		Family conflict (1 pt.)		Truancy (1 pt.)	
Known/suspected criminal activity (1 pt.)		Prejudicial thinking (1 pt.)		Limited ability to control anger (1 pt.)	
Unrestricted internet access (1 pt.)		Impulsive behavior (1 pt.)		Emotional/educational disability (1 pt.)	
Depression-current or history (1 pt.)		Held back in school (1 pt.)		Difficulty with supervision/instruction (1 pt.)	
Youth with severe/chronic illness (1 pt.)		Youth w/ mental disability (1 pt.)		Other (describe) (1 pt.)	
Score of:	Results in the following action:				
3pt. item	An emergency service coordination meeting will be held within 48 hours.				
18+	Level 3 – Wrap facilitator is assigned when informal case is requesting more support.				
12-17	Level 2 – Service Coordination will be assigned to facilitate family team meetings & engaged services.				
1-11	Level 1 – Information and referral. Family will be linked up with appropriate services for them.				

Referral Completed By: _____ Agency: _____

Signature: _____ Date: _____