



## Erie County Wraparound Referral

### 13 Years of Service

Date: \_\_\_\_\_

Referral by: \_\_\_\_\_ Agency: \_\_\_\_\_

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

| Youth's Name | Date of Birth | Race | Gender |
|--------------|---------------|------|--------|
|              |               |      |        |

Adopted  
  Biological  
  Legal Custody of Family  
  ECCS  
  Temporary Custody of Family

|                       |                |               |                       |                |               |
|-----------------------|----------------|---------------|-----------------------|----------------|---------------|
| Parent/Guardian Name: |                |               | Parent/Guardian Name: |                |               |
| Relationship          | Marital Status | Date of Birth | Relationship          | Marital Status | Date of Birth |
| Address:              |                |               | Address:              |                |               |
| City:                 | State:         |               | City:                 | State:         |               |
| Zip:                  | Home Phone:    |               | Zip:                  | Home Phone:    |               |
| Employer:             |                |               | Employer:             |                |               |
| Work phone:           | Cell phone:    |               | Work phone:           | Cell phone:    |               |
| Email:                |                |               | Email:                |                |               |

Is the youth/child out of the home currently (hospital, detention, treatment or residential facility)? Yes\_\_\_ or No\_\_\_ If yes, please enter date placed:\_\_\_\_\_

If yes complete the following:

|            |      |        |          |  |  |
|------------|------|--------|----------|--|--|
| Placement: |      |        | Contact: |  |  |
| Address:   |      |        | Phone:   |  |  |
| City:      | Zip: | State: | Email:   |  |  |

| Other household members: | DOB: | Relationship: |
|--------------------------|------|---------------|
|                          |      |               |
|                          |      |               |



## Erie County Wraparound Referral

| Professional Supports              | Role | Phone (Ext) | Email Address |
|------------------------------------|------|-------------|---------------|
| Name of Contact                    |      |             |               |
| Children Services                  |      |             |               |
| Juvenile Court                     |      |             |               |
| Mental Health Provider             |      |             |               |
| Substance Abuse Treatment Provider |      |             |               |
| Developmental Disabilities         |      |             |               |
| School                             |      |             |               |
| <b>Natural Supports</b>            |      |             |               |
| Name of Contact                    |      |             |               |
|                                    |      |             |               |
|                                    |      |             |               |
|                                    |      |             |               |

### Additional Information

Yes  No Is the Youth/Child currently enrolled in school? School Name \_\_\_\_\_ 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?



## Erie County Wraparound Referral

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\_\_\_\_\_

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Guardian/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send all Wraparound questions to Michelle Cook, Wraparound Supervisor, [mcook@eriecounty.oh.gov](mailto:mcook@eriecounty.oh.gov) or call (419)627-6615 phone.



## Erie County Wraparound Referral

Presenting Risks Exhibited within the last 30-Days Checklist

NAME: \_\_\_\_\_

In order to help better evaluate the potential benefit of Wraparound and how to be helpful to this child/youth and their family please take a few moments to go through the following checklist and check all that apply.

### **BEHAVIOR:**

\_\_\_ **Suicidal Ideation:** Child/youth states, talks or thinks about hurting or killing self.

\_\_\_ **Suicidal Gestures:** Child/Youth engage in non-life threatening behavior, concurrent with thoughts and/or talk about suicide.

\_\_\_ **Suicide Attempt:** Serious life threatening attempt with clear intent and desire to commit suicide (attempted hanging: potential lethal overdose: involvement of a gun).

\_\_\_ **Self-Injurious Behaviors:** Self harming behaviors that are not life threatening and may be of chronic nature e.g. cutting, head banging, indigestion or insertion of objects.

\_\_\_ **Violent Behaviors:** Child/Youth demonstrate behaviors that are potentially dangerous or harmful to people or animals, without serious damage, e.g. bullying, pushing.

\_\_\_ **Aggressive Behaviors (towards other people or animals):** Child/Youth demonstrates behaviors that are potentially dangerous or harmful to people or animals, without serious damage, e.g., bullying, pushing.

\_\_\_ **Verbal or Written Threats to Others:** Child/Youth states or writes threats of harm toward people, places or things.

\_\_\_ **Availability of Weapons:** Youth has access to obtaining weapons through self, family, friends or neighbors.

\_\_\_ **Impulsive Behaviors:** Child/Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others.

\_\_\_ **Limited Ability to Control Anger:** Child/Youth demonstrate difficulty in managing emotions with limited abilities in controlling or managing his/her anger.

\_\_\_ **Runaway:** History or recent episodes of child/youth being absent from home without the permission or the parent/caregiver's knowledge of the child/youth's whereabouts.

\_\_\_ **Negative Peer Involvement or Gang Activity:** Peer or gang involvement that results in negative behaviors by the child/youth.

\_\_\_Chargeable Sex Offenses: Child/Youth has admitted to or has been charged with a sexual offense, is part of a current sexual offense investigation.

\_\_\_Prejudicial Thinking: Child/Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views pose a potential risk to property or others.

\_\_\_Known/Suspected Criminal Activity: Child/Youth is suspected of being involved in activities that are chargeable offences; has current pending court charges for criminal behavior(s): or has been found "guilty" of criminal charges.

\_\_\_High Risk Sexual Behavior: Child/Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcomes.

\_\_\_Use of Drugs or Alcohol: Child/Youth admits to use of alcohol or drugs, or drug screen test positive.

\_\_\_Anorexia or Bulimia: Child/Youth exhibits or is known to have clear patterns of binge/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.

\_\_\_Anxiety: Youth has intense anxiety, avoidance, obsessions, compulsions, fearless or persistent and excessive worry.

\_\_\_Fire Setting Behaviors: Fascination with fire, play with matches or objects that have the potential to set

fire and harm self or others. Previous reports of fire setting or a pattern of concerns related to fire.

## FAMILY/CAREGIVER/ENVIRONMENTAL

\_\_\_Caregiver with Chronic/acute Mental Illness or Developmental Delay: Caregiver has significant mental illness or developmental disability. where the disability compromises or limits his or her ability to care for the needs of the child/youth and family. Caregiver's disability may limit their ability to monitor and supervise the child/youth.

\_\_\_Caregiver with Drug or Alcohol Problem: Caregiver has a substance abuse problem which compromises or limits his or her ability to care for the needs of the child/youth and family. Such use may limit their ability to supervise and monitor the child/youth.

\_\_\_ Caregiver with Severe/Chronic Illness: Caregiver has a significant chronic illness that is debilitating and limits his or her ability to care for the needs of the child/youth and family. Caregiver's illness may limit their ability to monitor and supervise the child/youth.

\_\_\_Resides in High Crime Neighborhood: Child/Youth and or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the child/youth and family. Normal daily activity and functioning is limited because of these concerns.

\_\_\_Unrestricted Internet Access: Evidence of access and/or exposure to internet sites that pose a risk or danger to youth: online interactions without sufficient

monitoring or computer safeguards; and or unlimited access to internet usage.

\_\_\_Lack of Caregiver Supervision or Behaviors that Overwhelm Caregiver Resources: Insufficient adult monitoring and supervision, given the youths age and or disability, and without regard for safety or negative outcomes or such severe behavior caregiver cannot adequately address safety of youth.

\_\_\_Suspected Child Abuse: Abuse is suspected or alleged to be committed by parent or current caregiver, which places the child at imminent danger.

\_\_\_Acute Family Crisis: Family is experiencing a crisis, family defined, that restricts or limits their resources or abilities to care for or supervise the child/youth's safety or behaviors.

\_\_\_Family Conflict: Verbal or physical disagreements that pose a real or potential risk or safety concern to the child/youth and/or family.

\_\_\_Poverty, Child/Youth's Lack of Stable Residence/Homelessness: Youth does not have a consistent ongoing housing, which may lead to additional instability and safety concerns or caregiver lacks resources to meet basic needs of child/youth.

## EMOTIONAL DISTURBANCES

\_\_\_Limit Developmental Capacity to Maintain Personal Safety: Child/Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.

\_\_\_Severe Social Impairment: Youth has significant social interaction problems or misperceives social situations and child/youth's behavior causes safety concerns for self or others, and/or child/youth has strong reaction to their environment or sensory input that interferes with normal function.

\_\_\_Mood Difficulties: Child/Youth or parents state that the child/youth appears depressed, withdrawn, and/or shows marked diminished interest or pleasure in activities and/or period of abnormally and persistently elevated or irritable mood.

\_\_\_Hears Voices or Sees Things: Child/Youth States hearing voices or seeing things that are not based in reality.

## SCHOOL

\_\_\_Suspended, expelled, or Dropped out of School: Child/Youth has multiple suspensions from school that places him or her at risk of expulsion, is expelled from school, or has dropped out of school.

\_\_\_Held Back/Behind in Grade: Child/Youth has been retained one or more years in school.

\_\_\_Truancy: Admitted or reported failure to attend school on a regular basis, which may result in legal action.



