

Washtenaw County Wraparound Services Referral Form

Please deliver to the appropriate agency:

DHS Referrals:
Orchards Children's Services
 2797 Oak Valley Drive, Ann Arbor, MI 48103
 Phone: 734.622.0217 Fax: 734.327.6425

Mental Health Referrals:
Community Supports & Treatment Services
 2940 Ellsworth Road, Ypsilanti, MI 48197
 Phone: 734.434.2034 Fax: 734. 434.1511

<i>Referring Source</i>	<i>Referring Person</i>	<i>Address</i>	<i>Phone Number</i>
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<i>Family Case Name</i>	<i>DHS or SS Number</i>
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Adults in Family & Other Significant People

<i>Name</i>	<i>Relationship</i>	<i>Sex</i>	<i>DOB</i>	<i>Race</i>	<i>Address/Whereabouts</i>	<i>Phone</i>

Children in Family

<i>Name</i>	<i>DOB</i>	<i>Race</i>	<i>Sex</i>	<i>Address</i>	<i>School</i>

What are the current concerns that led to the Wraparound referral?

Specify Court Involvement

Specify DHS Involvement

Specify Community Mental Health Involvement CAFAS score/date _____

Specify Special Education Involvement

What community resources are currently involved?

Name/Agency	Address	Phone	Relationship to Family

What are your expectations of the Wraparound process? Family's Expectations? (The referring worker must maintain an open case and participate as a member of the Child and Family Team. Other referral sources are highly encouraged to participate on the Child and Family Team).

Family & Family Member Strengths

Has the family been presented with information about the Wraparound process?	Yes	No
Are family members willing to make the commitment to participate in the process?	Yes	No
Has a Wraparound Community Team Release been signed by the family and is it attached to this referral?	Yes	No

		Community Team Decision			
_____ Referring Source Signature	_____ Date	_____ Accepted	_____ Denied	_____ Provider Signature	_____ Date
		_____ Chairperson's Signature	_____ Date		

To be completed by Wraparound agency only:

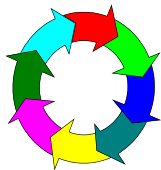
_____ Date Referral Received at wraparound agency is the (REFERRAL DATE).

_____ Date Referral Presented to Community Team (within 10 days of receiving referral).

_____ Date Referral Approved by Community Team.

_____ Date Wraparound Coordinator meets with the family (within 5 working days of Community Team Approval).

PLEASE ATTACH A COMPLETED RELEASE



**CONSENT TO RELEASE/EXCHANGE INFORMATION
TO THE WASHTENAW COUNTY
WRAPAROUND COMMUNITY TEAM**

For the purpose of is for reviewing my family's potential involvement with the Wraparound process and service and treatment planning, I authorize the sharing and exchanging of information about my family with the members of the Wraparound Community Team listed below and/or other DHS, WISD, CSTS, Public Health, or Juvenile Court representatives. The information discussed at the Community Team meetings will not be shared with other agencies outside of the Community Team, except as required by law in cases of suspected or actual abuse or neglect of a child.

This consent may be revoked at any time by verbal or written notice. This consent is valid for one year, until _____.

Information may include information regarding Substance Abuse, HIV, & AIDS related (unless this line is stricken).

My signature indicates that I have read and understand this form, or have had it read to me and explained in language that I understand.

To Release/Exchange Information Regarding:

Parent Name: _____ Date of Birth: _____

Parent Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Agencies/Individuals on the Washtenaw County Wraparound Community Team

Department of Human Services

Adelia Clark, Services Program Section Manager
Deborah Swasey, Supervisor

Community Support and Treatment Services (CSTS)

Richard Deighton, Program Administrator
Ann Bauer, Service Coordinator
Shirley Tarvis, Wraparound Facilitator

Washtenaw County Family Court

Deborah Shaw, Adoption and Diversion Supervisor
Barbara Albright, Court Counselor

Department of Public Health

Beverly Davisson, Supervisor

The Student Advocacy Center

Margaret Sayles Harner, Program Director

Washtenaw Intermediate School District

Nancy Keils, School Social Worker

Parent Representatives

Larry Keeler

Eastern Michigan University / POWER Inc.

Carol Burrell-Jackson, Wraparound Supervisor
Laura Urteaga-Fuentes, Wraparound Project Coordinator
Catherine Kabira, Wraparound Facilitator
Ginger Houghton, Wraparound Facilitator

Orchards Children's Services

Anne Capling, Program Manager
Heather McMaster, Supervisor

Signature of Parent/Guardian

Date

Signature of Witness

Date