



WRAPAROUND PROCESS REFERRAL Lenawee County

Referring Agency: Complete only the referral agency column

<input type="checkbox"/> CMH	<input type="checkbox"/> DHS	<input type="checkbox"/> Lenawee County Juvenile Court	<input type="checkbox"/> Other/Agency & Address
CMH Referring Person: (Phone and Email) Click here to enter text.	DHS Referring Person: (Phone and Email) Click here to enter text.	Court Referring Person: (Phone and Email) Click here to enter text.	Referring Person: (Phone and Email) Click here to enter text.
Supervisor and Contact Info: (Phone and Email) Click here to enter text.	Supervisor and Contact Info: (Phone and Email) Click here to enter text.	Supervisor and Contact Info: (Phone and Email) Click here to enter text.	Supervisor and Contact Info: (Phone and Email) Click here to enter text.
Protective Service involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, reason: Click here to enter text.	
Foster Care involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FAMILY CONTACT INFORMATION: (Please provide contact information for all caregivers)

Name: Click here to enter text.	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian
Address: Click here to enter text.	Best day/time to contact: <input type="checkbox"/> 8-12 <input type="checkbox"/> 12-4
Phone Number(s): Click here to enter text.	Preferred method of contact: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email
Email Address: Click here to enter text.	

Name: Click here to enter text.	<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian
Address: Click here to enter text.	Best day/time to contact: <input type="checkbox"/> 8-12 <input type="checkbox"/> 12-4
Phone Number(s): Click here to enter text.	Preferred method of contact: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email
Email Address: Click here to enter text.	

WRAPAROUND PROCESS REFERRAL

Lenawee County

FAMILY HOUSEHOLD INFORMATION:

Specify name of the identified child for this referral: _____ DOB: _____

Household/Family Member Name:	Date of Birth & Age:	Relationship to identified Child:	Living in the home:	If not living in the home – please put their address and with whom they reside & relationship. (Relative, Foster Care, etc.)	If placed outside the home, date placed?
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

WHAT HEALTH INSURANCE DOES THE CHILD HAVE?

FAMILY LEGAL ISSUES:

Are any family members involved with the court? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Who? Reason: Click here to enter text.
Has law enforcement been involved with this family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been any Domestic Violence reported to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last court hearing:	Click here to enter text.
Date of next court hearing:	Click here to enter text.

WRAPAROUND PROCESS REFERRAL

Lenawee County

EDUCATIONAL: (Please list all household members currently enrolled in school)

Name:	School attending:	Attendance Issues? If so, what?
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Academic or Other Concerns:

Who:	Concern (drop out, expelled, special education):
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

DESCRIBE SOME OF THE INTERVENTIONS THAT HAVE TAKEN PLACE AT SCHOOL.

Click here to enter text.

SPECIFIC CONDITIONS LED TO REFERRAL:

WHAT IS THE CURRENT SITUATION?

Click here to enter text.

WHAT ARE THE FAMILY STRENGTHS?

Click here to enter text.

WHAT ARE YOUR EXPECTATIONS OF THE WRAPAROUND PROCESS?

Click here to enter text.

NAME POTENTIAL TEAM MEMEBRS (AND PROVIDE PHONE NUMBERS):

Click here to enter text.

OTHER COMMUNITY RESOURCES CURRENTLY INVOLVED:

Agency:	Contact Name:	Contact Information – Phone:	Contact Information – Email:
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

WHAT SERVICES HAVE BEEN INVOLVED IN THE PAST?

Click here to enter text.

WHAT SERVICES HAVE BEEN HELPFUL FOR YOUR CHILD? AND FAMILY?

Click here to enter text.

WHAT ADDITIONAL INFORMATION SHOULD WE KNOW ABOUT THIS FAMILY? (Children remaining in placement, # of placements, history with CPS, relevant court involvement, previous offense history, medical status-prescribed medications, domestic violence, mental illness, substance abuse, etc.)

Click here to enter text.

WHAT TYPE OF PLACEMENT IS BEING PREVENTED? (School, Hospital, Residential, CPS, etc.)

[Click here to enter text.](#)

WHEN IS THE REFERRING PERSON ABLE TO MEET WITH THE GATEKEEPING TEAM? (Best days of the week, times, etc.)

[Click here to enter text.](#)

Referring Worker Signature: [_Click here to enter text.](#)

Date: _____

WRAPAROUND PROCESS REFERRAL
Lenawee County

WRAPAROUND OFFICE USE ONLY

Date Referral Received: Click here to enter text.	Date of Review: Click here to enter text.
Community Team <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reason Approved or Denied: Click here to enter text.	

Supervisor Signature: _____ Date: _____