



WASHINGTON COUNTY

Oregon

WASHINGTON COUNTY WRAPAROUND REFERRAL PACKAGE CHECKLIST

The person making the referral must be available to answer questions from Wraparound Review Committee members by phone or in person. Committee meets 1st & 3rd Wednesday of each month.

- ☐ **Completed Wraparound Referral Form**
- ☐ **Written information answering the following questions:**
 - Describe behaviors that are creating issues for the youth, how often behaviors happen and how long they last.
 - Are the youth and family/guardian interested & willing to engage in wraparound?
 - Have these behaviors caused problems at school or day care?
 - Where is the youth living? Are behaviors a problem there or creating a need to move?
 - Is youth with biological parents? Adopted? In foster care? Are parents together? How are parents involved in the youth's life?
 - Has the youth hurt or threatened to hurt themselves or others? If so, please explain.
 - Has the youth received mental health treatment? When? Where? Outcome?
 - Does youth's parent experience poverty, substance abuse, domestic violence, or mental needs?
- ☐ **Documentation of multi-system involvement, for example:**
 - Mental Health Assessment
 - Individualized Education Plan (IEP)
 - Child Welfare documents
 - Juvenile Justice/Court documents
 - Other intake assessments, psychological testing, or developmental screenings
- ☐ **Signed Consents/Releases for:**
 - Care Coordination Screening & Services
 - Release of Confidential Information
 - Notice of Privacy Practices (to be given to parent/guardian)
 - Signed Receipt of Notice of Privacy Practices
- ☐ **Wraparound Referral Information for Professionals**