

Child & Adolescent Local Area Network # _____
Wraparound Referral Form

Date of Referral: _____ **LAN ID#:** _____ (will be assigned at screening)

SECTION A: DEMOGRAPHICS

Child's **Last Name:** _____ **First:** _____ **Middle:** _____ **age:** _____

Gender: M or F ____ **Primary Language of Child** _____

Race/Ethnicity: Asian African American Bi-Racial Caucasian Hispanic/Latino Other: _____

Primary Caregiver Name: _____ **Address:** _____

City: _____ **Zip Code:** _____ **Phone:** _____

Relationship to the Child: Birth Parents Adoptive parents Foster Parents
 Grandparents Step Parent Other relative None _____

IF PARENT IS NOT THE LEGAL GUARDIAN:

Name of Legal Guardian: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

DCFS involvement ____ intact family ____ Home of relative ____ Foster care ____ adopted/sub guardianship ____

SECTION B: REFERRAL INFORMATION

SOURCE: School DCFS__Private agency Mental Health Family Community: _____

Agency/School Name: _____ **Person making referral:** _____

Title/Role: _____ **Address:** _____ **Phone Number:** _____

SECTION C: ELIGIBILITY FACTORS--Please check all eligibility factors that apply:

- | | |
|---|--|
| <input type="checkbox"/> Child at risk of removal from home, school, or community | <input type="checkbox"/> History of expulsions: # ____ date _____ |
| <input type="checkbox"/> Multi-agency involvement in need of collaboration | <input type="checkbox"/> School move (due to behavior) |
| <input type="checkbox"/> History of truancy: # last year ____ # current year ____ | <input type="checkbox"/> At risk of school action (suspension, expulsion, truancy) |
| <input type="checkbox"/> History of suspensions: # last year ____ # current year ____ | |

SECTION D: Risk Factors related to eligibility present at referral: (please mark all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Juvenile Del./Court | <input type="checkbox"/> Parent Separation |
| <input type="checkbox"/> Attendance problems | <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Mental Health Issues of Child | <input type="checkbox"/> Parent Substance Abuse |
| <input type="checkbox"/> Basic Needs Unmet | <input type="checkbox"/> Child Substance Abuse | <input type="checkbox"/> Mental Health Issues of Parent | <input type="checkbox"/> Placed Out of Home |
| <input type="checkbox"/> Child Behavior | <input type="checkbox"/> Child Under Stress | <input type="checkbox"/> Parent-Child Conflict | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Child Depression | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Parental Conflict | <input type="checkbox"/> Special Needs Child |
| <input type="checkbox"/> Child Medical Needs | <input type="checkbox"/> Financial Support | <input type="checkbox"/> Parent Death | <input type="checkbox"/> Unstable Housing |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Inadequate Social Skills | <input type="checkbox"/> Parent Illness | |

SECTION E: PRIOR LIVING INFORMATION: complete if applicable

If child has been placed in any of the following out of home placements, please indicate the # of times in each:

FOSTER CARE _____ **RESIDENTIAL/GROUP** _____ **Psychiatric HOSPITALIZATIONS** _____ **DETENTION** _____

SECTION F: SCHOOL INFORMATION:

Name of school child currently attending _____ **Dist #** _____ **Address** _____

5/17/2007

City _____ Contact person _____ Position _____

Grade level ____ IEP: yes no 504: yes no requested _____

Child current educational placement Regular LD EBD S&L Other _____

SECTION G: INVENTORY OF EXISTING SERVICES

Please check those services/programs the child or family is currently receiving:

Mental health counseling SASS TANF Medical card and/ or food stamps Juvenile justice DD

Local community services SOC (DCFS wards only) Other (Specify) _____

What is the anticipated benefit of wraparound for this Youth? _____

SECTION H: CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize members of the Local Area Network (LAN) to release and obtain information from:
(specific school/agency info goes here)

	Initial	Initial
Local school district _____	_____	_____
Mental health services provider _____	_____	_____
DCFS/Purchase of Service (POS) Agency _____	_____	_____
Probation Department _____	_____	_____
LAN Screening Committee _____	_____	_____
Special Education Co-op _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

I/We authorize the release of all information contained in this Child and Family Referral Form to the members of the C&A LAN and the Child and Family Team for consideration of services and evaluation purposes. This consent has been explained to me in a language I can understand. This consent is valid until _____ (date).

I understand that I may revoke this authorization at any time, except to the extent that action has been taken on this authorization. I further understand that the agencies which receive this information, in accordance with State and Federal regulations, will not disclose this information without further written consent. I also understand that I have a right to inspect and copy the information that will be disclosed and that a fee may be charged for the cost of copying.

Child's Signature (if over 12): _____

Parent/Guardian Signature: _____

Witness/Facilitator Signature: _____

CHILD AND FAMILY TEAM MEMBER SIGNATURE SHEET

CORE TEAM MEMBERS			
	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
Family Member:	_____	_____	_____
Child: (no signature required if under 12yo)	_____	_____	_____
Caregiver/Current/Prospective:	_____	_____	_____
Child & Family Team Facilitator:	_____	_____	_____
DCFS/POS Caseworker: (DCFS cases only)	_____	_____	_____

OTHER TEAM MEMBERS FROM THE COMMUNITY (i.e., Extended Family Members, Neighbors, Ministers, Teachers, Friends, Interested Community Agencies, Service Providers, etc.)

<u>Relationship</u>	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONSENT FOR RELEASE OF INFORMATION

I/We authorize the release of all information contained in this LAN Wraparound Form to the members of C&A LAN # _____ and the Child and Family Team for consideration of services and evaluation purposes. This consent has been explained to me in a language I can understand. The consent is valid until (date) ___/___/___.

Client, if over 12: _____ Date: _____

Parent/Guardian: _____ Date: _____

FOR DCFS PURPOSES ONLY:

DCFS Authorized Agent: _____ Date: _____

Comments:

MISSION STATEMENT (Summarize the mission statement developed by the Child & Family Team)

PROGRESS STATEMENT (Summarize outcomes from previous Flex Plan, if applicable)

EDUCATIONAL DOMAIN

8. EDUCATIONAL/VOCATIONAL (Describe current or desired educational status and, if applicable, work experience) **Key Issues:** Grade Level, Specialized Educational Support, Work Experience, Goals/Interests.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

LIFE DOMAINS (cont.) *Optional for DCFS Purposes*

1. PHYSICAL NEEDS/LIVING SITUATION - (Describe the living arrangement of the child and the basic and financial needs of the child/family.) **Key Issues:** Space, Privacy, Safety, Comfort, Local Resources, Food, Clothing, Furnishings, and Transportation.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

2. FAMILY/ATTACHMENT - (Describe the child's current, or planned, family arrangement.) **Key Issues:** Family Constellation, Extended Family, Family Relationships, Support for Caretaker, Relationship with Siblings, Permanency.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

LIFE DOMAINS (cont.) *Optional for DCFS Purposes*

3. SAFETY - (Describe the child's/family's current or planned situation in terms of crisis management / ability to handle crisis or emergency situations.) **Key Issues:** Emergency Contacts/Resources, Potential Precipitators, Strategy and Resolution, Crisis Management.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

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b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

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d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

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4. SOCIALIZATION - (Describe the child's/family's current or planned social and recreational patterns.) **Key Issues:** Physical Fitness, Hobbies/Interests, Support Systems, Friends, Family Bonds.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

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b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

--

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

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LIFE DOMAINS (cont.) *Optional for DCFS Purposes*

5. CULTURAL AND SPIRITUAL - (Describe any ethnic, national, spiritual traditions and interests important to the child/family.) **Key Issues:** Traditions, Mores, Faith, Beliefs, Language, Support, Comfort.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

6. EMOTIONAL/PSYCHOLOGICAL - (Discuss the significant mental health issues involving the child and family, including psychological, psychiatric, and/or substance abuse matters.) **Key Issues:** Family History, Current Behavioral Status, Current Psychological, Status, Alcohol/Drug Abuse History and Psychotropic Medications.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

LIFE DOMAINS (cont.) *Optional for DCFS Purposes*

7. HEALTH - (Discuss the physical and dental history and health status of the child.) **Key Issues:** Medication(s), Special Need(s), Access to Medical/Dental Care, Immunizations, Well-Baby Care.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

9. LEGAL - (Discuss history of involvement with law enforcement and/or the courts.) **Key Issues:** Current Legal Status, DCFS Status, DOC, Adjudication, Probation, Parole.

a. Identify the **STRENGTHS** of the domain centered around home, community, and school:

b. At this time the child and family has **no needs** in this area. **Initials** : _____ and **Date** : _____

c. Identify the **NEEDS** of the domain in regard to home, community, and school:

d. Identify the Services, Supports, and Other Interventions requested for this domain and the measurable changes which are desired or anticipated which support the child and family and respond to the stated needs:

FLEX FUND CLOSURE INFORMATION (DCFS ONLY)

UTILIZATION ("X" The Most Appropriate Boxes)

<input type="checkbox"/> Flex Used W/ FCS Program	<input type="checkbox"/> Flex Used W/O FCS Program	<input type="checkbox"/> Flex Used For DCFS Client	<input type="checkbox"/> Flex Used For Non-DCFS Client
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Comments regarding Utilization of Flex Funds:

REASON FOR DISCHARGE ("X" The Most Appropriate Box)

<input type="checkbox"/> Client Behaviors Stabilized	<input type="checkbox"/> Client Lack of Cooperation	<input type="checkbox"/> Plan Not Completed Other Reasons	<input type="checkbox"/> Plan Completed - Behaviors Didn't Change
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Comments Regarding Reason For Discharge:

OUTCOMES ("X" All That Apply)

<input type="checkbox"/> Decreased Truancies	<input type="checkbox"/> Decreased Suspensions	<input type="checkbox"/> Decreased Expulsions	<input type="checkbox"/> Decrease of At-Risk Behavior
<input type="checkbox"/> No Effect on Behavior	<input type="checkbox"/> Adverse Effect on Behavior	<input type="checkbox"/> Other Result(s)	<input type="checkbox"/> Supportive Aftercare System In Place

Comments Regarding Outcomes:

OVERALL SATISFACTION RATING

(Rate the overall impact of Flex Funds on this case)

<input type="checkbox"/> Highest Level of Overall Satisfaction	<input type="checkbox"/> High Level of Satisfaction w/ some suggestions (below)	<input type="checkbox"/> Moderate Level of Satisfaction (see comments below)	<input type="checkbox"/> Somewhat Dissatisfied (see comments below)
<input type="checkbox"/> Totally Dissatisfied (see comments below)			

Comments/Suggestions Regarding Overall Satisfaction: