

# Weld County System of Care

## Wraparound Referral Form

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### REFERRAL SOURCE INFORMATION

Agency Making Referral: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

### REFERRED FAMILY

Referred Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

School Youth Attending: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

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### PROGRAM REFERRED

High Fidelity Wraparound (HFW)

HFW focuses on long term intervention (6+ months) for high risk youth with high level needs.

Early Intervention Supports (EIS)

EIS utilizes the same principles, methods and techniques as HFW with a focus on short-term intervention for younger offenders.

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### CHECK REFERRAL CRITERIA THAT APPLY

Youth is between the ages of 9 -17 years old

Youth has used Marijuana EVER in lifetime

Youth displays symptoms of severe emotional or behavioral disturbance

Family involved in **two or more** formal systems: (Please identify which programs within each system, if known.)

**JUVENILE JUSTICE** ( Legal/  Courts (*any*)/  Probation/  G.A.L.) **Case/Ticket number(s):** \_\_\_\_\_

**SUBSTANCE USE** ( Use/  Eval/  Diagnosis/  Treatment)  **MENTAL HEALTH** ( Eval/  Diagnosis/  Treatment)

**EDUCATION** ( IEP/  MAB/  EARSS/  HB/  504)  **HOUSING** ( FUP/  State /  Sect. 8/  Homeless)

**CHILD WELFARE** (Department of Human Services) (Specify how): \_\_\_\_\_

**OTHER** (Specify): \_\_\_\_\_

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### ADDITIONAL INFORMATION (More space on 2<sup>nd</sup> page)

Wraparound process has been discussed with the family:  Yes  No

**Please return to the following Wraparound Facilitator at Youth & Family Connections:**

**High Fidelity Wraparound – Michelle Rohs**, mrohs@youthandfamilyconnections.org, 970-351-5471

**Early Intervention Supports – Abigail McGaha Miller**, amcgahamiller@youthandfamilyconnections.org, 970-351-5471

### STAFF USE ONLY

Approval Signature: \_\_\_\_\_

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



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**ADDITIONAL INFORMATION**

