WRAPAROUND REFERRAL

Community Wraparound
BUTLER COUNTY FAMILY + CHILDREN FIRST COUNCIL

WHAT IS WRAPAROUND?

Wraparound is a free service for Butler County families, who might be experiencing high stress or crisis due to a single event or build-up of multiple challenges. Wraparound is a planning process that helps organize a supportive team around the child and family. Family voice is at the center of this process because they are the expert on their family. Teams come together to address needs and challenges including: behavioral health struggles, children services contact, developmental delays, medical needs, juvenile justice involvement, psychiatric hospitalizations, problems at school, trauma, and/or youth who need help transitioning to adulthood.

WHO TO REFER

Butler County youth and young adults ages 0-24 who have complex needs and are interested in a team-based approach to develop one overall support and service coordination plan. Utilizing the family's unique strengths to problem-solve and plan, wraparound teams advocate with the family and co-design targeted and creative help that addresses challenges more effectively.

INSTRUCTIONS FOR REFERRAL

- Complete **ALL** pages and sections of the referral packet. Pages can be filled out by the referral source, the legal guardian, or completed together. ***Enrollment Release of Information and Household Income forms*** *highlighted in yellow* ***must be signed by the youth's legal guardian.***

- Include the following documents with the referral, if applicable:
  - ***Treatment***, ***service plans***, or ***court documents*** for the youth.
  - ***Custody paperwork***, if there are designated custody or parenting arrangements.

- Email the referral packet to carrie.green@bcesc.org. If assistance is needed with paperwork, call Carrie at 513-887-5510. Wraparound staff will reach out once the referral is received and explain the next steps.

Share the last page in the packet with the family, so they know our next steps. Thank you!

QUESTIONS?

Contact: Leah Draut-Bieri
Wraparound Coordinator
Phone: (513) 785-5183
Email: leah.draut@bcesc.org

BUTLER COUNTY family + children FIRST COUNCIL
400 N. Erie Blvd.
Suite A
Hamilton, Ohio 45011
Phone: (513) 887-5510

Community Wraparound
BUTLER COUNTY FAMILY + CHILDREN FIRST COUNCIL

Enrollment Release of Information Form

Youth's Full Name:_____**Youth's Date of Birth:** _____

Caretaker/Legal Guardian Name(s):_____

Relationship to Youth (***son, daughter, grandchild, etc.***)**:**_____

The purpose of the sharing of this information is to: Enroll in the Community Wraparound Planning Process. I, the undersigned, hereby authorize and consent to the release to share information with the Butler County Family and Children First Council, Butler County Educational Service Center (BCESC), Parent Advocacy Connection, and the:

If applicable **Referring Agency:**		**Name:**
Phone:	**Email:**	**Length of Involvement:**

Information to be shared may include (but is not limited to):

- ❏ **Identifying information:** name, birth date, gender, race, address, email, and telephone number.
- ❏ Name & contact information for agencies and individuals providing services to the youth/family.
- ❏ Case Plan docs: Individualized Education Plans (IEP's), Youth/Family Service Plans, Medical Records, Psychological Evaluations, School Records (attendance, grades, etc.), Social History, Treatment/service History, Transition Plans, Vocational Assessments, and other pertinent personal information regarding the individual named above.
- ❏ *Wraparound services are partially funded by the Butler County Jobs and Family Services (who requests demographic information, income-level, and benefits information) and the Butler County Mental Health and Addiction Recovery Services Board (who requests demographic information, income & diagnosis info).*

I understand that the Enrollment Release of Information form expires upon Wraparound case closure and I may cancel this at any time by providing written notice, which includes guardian name, the name of the youth being served and the effective date. Revocation of the release does not include any information, which was shared between the time that the release was signed and the receipt of the written notice to revoke.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.	

SIGNATURE **Date** **WITNESS** **Date**

Re-Release of information beyond that allowed by this consent is not permitted.

Youth Information for Wraparound Referral

Youth's Name	Date of Birth	Adopted Y or N	School	Grade
		No		

Race:
☐ Asian ☐ Bi-Racial/Mixed Race ☐ Black/African American ☐ Hispanic
☐ Native Hawaiian/Pacific Islander ☐ Native American/ Alaskan Native
☐ White or Caucasian ☐ Prefer Not to Answer

Ethnicity:
☐ Appalachian
☐ Hispanic/LatinX
☐ Other:_____

Gender: ☐ Male ☐ Female ☐ Non-binary/Other _____ ☐ Prefer Not to Answer

Does the youth identify as lesbian, gay, bisexual, or other? ☐ Yes ☐ No ☐ Don't Know ☐ Prefer Not to Answer

Education: ☐ Community School ☐ Alternative School ☐ Home-schooled ☐ Other:_____

Primary Language: ☐English ☐ Spanish ☐ American Sign ☐ Other:_____ Interpreter needed? ☐Yes ☐No

Current Placement Information-Some youth may not be living at home at the time of referral due to a stay in foster care, juvenile detention, psychiatric hospitalization, treatment facility, etc. Please share where the youth is living right now.

Is the youth out of the home currently? ☐**No** ☐**Yes-Please complete below:**

Placement:	Contact:
Address:	Phone: ( )
City: State : Zip:	Email:

Family Information: Who makes up the family?

Primary Guardian Name:	Guardian Name (if applicable):
Relation:	Relation:
Marital Status: Date of Birth:	Marital Status: Date of Birth:
Address:	Address:
City: State: Zip:	City: State: Zip:
Home Phone Cell:	Home Phone Cell:
Employer: Work Phone:	Employer: Work Phone:
Email:	Email:
Primary Language: _____ Interpreter needed? No	Primary Language_____ Interpreter needed? No

Other household members:	DOB	Relationship	Adopted?	School	Grade
			No		
			No		
			No		
			No		

If you have additional family members, please attach another page.

Significant Supports (family, friends, community members, professionals, teachers, etc.)			
NAME	RELATIONSHIP	PHONE (ext)	EMAIL ADDRESS

Health Information		
☐	Mental Health	Provide **Primary diagnosis**:
☐	Physical Health	Medical condition(s):
☐	***Does the youth have a doctor or clinic they go to for care?*** ☐Yes ☐ No	

Systems Involvement Check the box if the youth is currently involved with these systems or has a need in the following area

☐	Children Services	History of: ☐ Abuse ☐ Neglect
☐	Developmental Disabilities	Diagnosed Disability: ☐ Eligible for DD Services ☐ Has a DD Waiver ☐ Other:_____
☐	Juvenile Court	Youth has been found: ☐ Unruly ☐ Delinquent ☐ Other Charge:_____ Is the youth on probation? ☐ Yes ☐ No
☐	Special Education	☐504 plan ☐Evaluation Team Report ☐IEP-Individual Education Plan ☐RTI-Response to Intervention
☐	Substance Use-Alcohol & Drugs	Primary diagnosis: Substances used:
☐	Jobs and Family Services	☐Cash or Food Assistance ☐Ohio Means Jobs Employment Programs
☐	Other:_____	

Community Wraparound
BUTLER COUNTY FAMILY + CHILDREN FIRST COUNCIL

For Office Use:
Youth: _____ DOB: _____
Intake Date: _____

Household Income

Name:_____
(Guardian or Young Adult First) (Guardian or Young Adult Middle) (Guardian or Young Adult Last)

Address:_____
(Street)

_____, Ohio _____
(City) (Zip Code)

Telephone #:_____

Complete the chart below for anyone living in your home, including yourself.

Name	Relationship to applicant	Date of Birth	Net Monthly amount of income	Income Source * Write 'Work' if from employment
1.	Self		**$**	
2.			**$**	
3.			**$**	
4.			**$**	
5.			**$**	
6.			**$**	
7.			**$**	
8.			**$**	
Total Monthly Net Income			**$**	

***Sources of income include**: Work Employment Wages, Adoption Subsidy, Alimony, Child Support, Pension/Retirement Benefits, Public Assistance, Social Security Income (SSI), Social Security/Disability Income (SSDI), Unemployment Benefits, Worker's Compensation, Veterans Benefits, etc.

Check any benefits the family is currently receiving:
☐ Cash Assistance/OWF ☐ Food Stamps ☐ Medicaid ☐ Private Insurance

If Medicaid, check plan: ☐ Buckeye ☐ CareSource ☐ Molina ☐ Paramount ☐ United Healthcare ☐ Other:_____

The signature below affirms that the above information is true and correct.	
Guardian or Young Adult's Signature:	Date:

Email the completed referral packet to the Program Assistant at carrie.green@bcesc.org

Youth and Family Information

1. **How did you hear about Wraparound?**_____
   _____
2. **What do you hope to accomplish?**_____
   _____

List the positives/strengths of the youth and family (at school, at home, in community):
List the major challenges/needs of the youth and family (at school, at home, in community):
List any major life events the youth/family has experienced:
Other information you would like us to know?

HELLO!
Welcome to Wraparound...

Community Wraparound
BUTLER COUNTY FAMILY + CHILDREN FIRST COUNCIL

Now that a referral to Wraparound has been made, you may be wondering how we can help. Wraparound is a free service for Butler County families regardless of income or insurance status. You might be experiencing high stress or crisis due to a single event or build-up of multiple challenges. Wraparound is a planning process that helps organize a supportive team around your child and family. Your voice is at the center of this process because you are the expert on your family. Your team will come together to address needs and challenges your family may be facing including behavioral health struggles, children services contact, developmental delays and/or medical needs, juvenile justice involvement, psychiatric hospitalizations, problems at school, trauma, and/or youth who need help transitioning to adulthood. We are here to help.

NEXT STEPS

1: INTRODUCTION TO WRAPAROUND CALL

Our Wraparound Coordinator will call you after the referral is received to provide a brief overview of the process, answer questions, gather more information, and assign a Facilitator who will help get the process started. If Wraparound is not the right fit, resources will be shared to help you find what makes sense for your family.

2: FIRST MEETING: FAMILY STORY & TEAM-BUILDING

Next, your newly assigned Wraparound facilitator will reach out to schedule a meeting with you to do the following:

- *Learn your family's story including successes, struggles, needs, strengths, and dreams.*
- *Help you choose team members who will help accomplish your plan.*
- *Review paperwork, help you fill out questionnaires, and obtain permission to talk with team members.*
- *Document your family's story, strengths, and possible needs in a Family Discovery.*
- *Schedule a team meeting at a time and place that works best for you-your home, our office, at school, via Zoom, etc.*

QUESTIONS? CALL:

Leah Draut-Bieri
Wraparound Coordinator

Phone: (513) 785-5183
Email: leah.draut@bcesc.org