

WRAPAROUND REFERRAL

MEETING NEEDS USING THE POWER OF FAMILIES AND COMMUNITIES

WHAT IS WRAPAROUND?

Wraparound is a free service for Butler County youth and their families facing various challenges. It utilizes a unique planning process to create a support team centered around the family's voice, sharing their story, culture, and needs. The team addresses issues such as behavioral health struggles, involvement with children services, developmental delays, medical needs, juvenile justice, psychiatric hospitalization, school problems, trauma, and transitions to adulthood.



WHO TO REFER

Butler County youth and young adults aged 0-24 with complex needs can participate in a team-based approach to create a comprehensive care plan. Wraparound teams build on family strengths to collaboratively address challenges with targeted, creative solutions.

INSTRUCTIONS FOR REFERRAL

- 1 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 must be signed by the youth's legal guardian or the youth if over 18.**
- 2 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.
- 3 Email the referral packet to carrie.green@bcesc.org. If assistance is needed with paperwork, call Carrie at 513-887-5510. An email will be sent out once referral has been entered into the system.
- 4 Tear off the last page and share with the family so they know what to expect next.

QUESTIONS?

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

400 N. Erie Blvd. Suite A
Hamilton, Ohio 45011
Phone: (513) 887-5510



Section 1: Youth Information for Wraparound Referral

| Youth's Name | Date of Birth | Adopted Y or N | School | Grade |
|--|---------------|----------------|--------|---|
| | | | | |
| Race: <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Mixed Race <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/ Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer Not to Answer | | | | Ethnicity: <input type="checkbox"/> Appalachian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other:_____ |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Other _____ <input type="checkbox"/> Prefer Not to Answer | | | | |
| Does the youth identify as lesbian, gay, bisexual, or other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Answer | | | | |
| Education: <input type="checkbox"/> Community School <input type="checkbox"/> Alternative School <input type="checkbox"/> Home-schooled <input type="checkbox"/> Other:_____ | | | | |
| Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign <input type="checkbox"/> Other:_____ Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Section 2: Current Placement Information- Sometimes youth are not living at home when referred to Wraparound due to a stay in foster care, juvenile detention, psychiatric hospitalization, treatment facility, etc. Please share where the youth is living right now if **NOT** in their typical home.

Is the youth currently living out of the home? **No-Skip to section 3** **Yes-Please complete below:**

| | |
|---------------------------------------|---|
| Where is the youth currently placed?: | Placement contact name and phone/email: |
|---------------------------------------|---|

Section 3: Family Information: Who makes up the family?

| | |
|---|--|
| 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: |
| Primary Phone: | Primary Phone: |
| Employer: | Employer: |
| Email: | Email: |
| Primary Language: _____ Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Primary Language _____ Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Section 4: Other household members: Please include EVERYONE living in the home | DOB | Relation to youth | Adopted? | School if applicable | Grade |
|---|-----|-------------------|----------|----------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Section 5 : Health Information

| | | |
|--------------------------|--|-----------------------------------|
| <input type="checkbox"/> | Mental Health | Provide Primary diagnosis: |
| <input type="checkbox"/> | Physical Health | Medical condition(s): |
| <input type="checkbox"/> | Does the youth have a doctor or clinic they go to for care? <input type="checkbox"/>Yes <input type="checkbox"/> No | |

Section 6: Systems Involvement Check the box in the left if the youth is currently involved with these systems and/or has a need in the following area. Check the boxes on the right that apply for more detail about the level of need.

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Children Services | <input type="checkbox"/> History of Involvement <input type="checkbox"/> Current Involvement |
| <input type="checkbox"/> | Developmental Disabilities | Diagnosed Disability: <input type="checkbox"/> Eligible for DD Services <input type="checkbox"/> Has a DD Waiver <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> | Juvenile Court | Youth has been found: <input type="checkbox"/> Unruly <input type="checkbox"/> Delinquent <input type="checkbox"/> Truant <input type="checkbox"/> Other Current or Past Charges:_____ Is the youth on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | Special Education | <input type="checkbox"/> 504 plan <input type="checkbox"/> Evaluation Team Report <input type="checkbox"/> IEP-Individual Education Plan <input type="checkbox"/> RTI-Response to Intervention |
| <input type="checkbox"/> | Substance Use- Alcohol & Drugs | <input type="checkbox"/> Has received treatment in the past <input type="checkbox"/> Currently receiving treatment |
| <input type="checkbox"/> | Job and Family Services | <input type="checkbox"/> Cash or Food Assistance <input type="checkbox"/> Ohio Means Jobs Employment Programs |
| <input type="checkbox"/> | Is this youth enrolled in OhioRISE supplemental Insurance through Aetna? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown What Tier is the youth enrolled? <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Unknown | |

Butler County Community Wraparound Enrollment Release of Information

The purpose of sharing the above information is to: **Enroll in the Wraparound Planning Process and exchange information with the referral source.** 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), and the:

| | | |
|--|---------------|-------------------------------|
| Referring Agency (if self-referral write "self"): | | 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 Job 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. Release of information beyond that allowed by this consent is not permitted.

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

| | |
|--|--|
| | |
|--|--|

PARENT/CAREGIVER SIGNATURE

Date

WITNESS

Date

Household Income

(Wraparound is free to ALL families regardless of income. This information is required for our program funding purposes only. All families are required to complete this form)

| | |
|--------------|------|
| Name: | DOB: |
| Intake Date: | |

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

Address: _____
(Street address)

_____ Ohio _____ **Telephone #:** _____
(City) (Zip Code)

Complete the chart below for EVERYONE living in your home, including yourself. Write "no income or \$0" if there is no income. Net income is after taxes and deductions.

| Name | Relationship to Youth | Date of Birth | Net Monthly amount of income <small>Write 0 or n/a if no income</small> | Income Source * <small>Write 'Work' if from employment</small> |
|---------------------------------|-----------------------|---------------|--|---|
| 1. | guardian | | \$ | |
| 2. | youth | | \$ | |
| 3. | | | \$ | |
| 4. | | | \$ | |
| 5. | | | \$ | |
| 6. | | | \$ | |
| 7. | | | \$ | |
| 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:

AmeriHealth Anthem Buckeye CareSource Humana Molina OhioRISE/Aetna United Healthcare

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

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

WELCOME TO WRAPAROUND

WHAT TO EXPECT NEXT



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. 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 and work to develop a plan that is right for you.

QUESTIONS?

Leah Draut-Bieri
Wraparound
Coordinator

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(513) 785-5183
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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 schedule a convenient time to meet with you to complete our intake process. After that, a Wraparound Facilitator will be assigned to get to know the needs and unique qualities of your family. 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 Wraparound facilitator will schedule a meeting 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 and get written 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, a local library, etc.