



CHAMPAIGN COUNTY
FAMILY & CHILDREN FIRST COUNCIL

Wraparound Referral Form

Please submit the Referral & Release of Information to:

Stephanie Newland, Program Coordinator

Address: 2200 S. US Hwy 68

Urbana, OH 43078

Phone: 937.653.4490 x 222

Fax: 937.652.2648

E-mail: stephanie.newland@mccesc.org

<p><u>Eligibility Criteria:</u></p> <ol style="list-style-type: none"> 1. Custodial parent must be a resident of Champaign County 2. The child must not be over the age of 21 years 3. The child must have multiple-system unmet needs 5. Completed Referral form & Release of Information 	<p>DATE OF REFERRAL:</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------

<p>Name of person making referral:</p> <p>Relationship to youth:</p> <p>Phone Number:</p>	<p>Address:</p> <p>Email Address:</p>
-------------------------------------------------------------------------------------------	---------------------------------------

1. Last Name:	First Name:	Middle:	Social Security #:
---------------	-------------	---------	--------------------

2. DOB: / /	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Race/Ethnicity:
---------------------	------------------------------------------------------------------	--------------------

5. Currently living with:	Relationship to child:
---------------------------	------------------------

6. Who has custody of the child?	Relationship to child:
----------------------------------	------------------------

7. School District of Residence: 7a. Is this child on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:	7b. School District Attending: Grade: How long has child attended this school?:
----------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

8. Who lives in the household with this youth? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>DOB</u></th> <th style="text-align: left;"><u>Age</u></th> <th style="text-align: left;"><u>Gender</u> (M/F)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Gender</u> (M/F)					9. Child's Current Address: Parent(s) Address (if different): Phone Number: When is the best time contact the family?
<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Gender</u> (M/F)						

10. Family Members & Close Friends to Youth/Family: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Relationship</u></th> <th style="text-align: left;"><u>Contact Info.</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Name</u>	<u>Relationship</u>	<u>Contact Info.</u>				11. Is/Are the parent(s) employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Work #:
<u>Name</u>	<u>Relationship</u>	<u>Contact Info.</u>					

12. Briefly describe the presenting problem or areas of need. Please include the length of time the problem has existed:



**CHAMPAIGN COUNTY FAMILY & CHILDREN FIRST COUNCIL
INTERSYSTEM CHILD & FAMILY TEAM
UNIVERSAL RELEASE OF CONFIDENTIAL INFORMATION**

Name of Youth: _____ Date of Birth: _____

As parent or legal guardian, I authorize the following **initialed** agencies to obtain and release information regarding _____ :

- * _____ Logan-Champaign Counties Mental Health, Drug and Alcohol Services Board
- * _____ Champaign Co. Family and Children First/CFT/Diversion Team
- * _____ Madison-Champaign ESC
- _____ Board of Education (District of Residence/Attendance): _____
- _____ Mac-A-Cheek Learning Center
- _____ Champaign Co. Board of Developmental Disabilities
- _____ Champaign Co. Department of Health, including WIC/BCMH
- _____ Champaign Co. Department of Job & Family Services, including Children Protective Services
- _____ Champaign Co. Domestic Relations-Juvenile-Probate Court
- _____ Champaign Co. Early Intervention
- _____ Nationwide Children's Hospital _____ Adriel
- _____ Dayton Children's Hospital _____ Choices
- _____ Consolidated Care, Inc. _____ Respite Connections
- _____ Urbana Family Medicine & Pediatrics _____ Residential Administrators
- _____ Oesterlan Services for Youth, Inc. _____ Caring Kitchen
- _____ Well Spring _____ Parent Advocate (PAC)
- _____ Parent Mentor, Jacqueline Howley _____ Other: _____
- _____ Other: _____ _____ Other: _____
- _____ Other: _____ _____ Other: _____

The agencies **initialed** above may share with each other, the following information in order to develop a service plan for the above named youth.

- * _____ Medical Records _____ Psychotherapy Records
- * _____ Children's Protective Services Information _____ Verbal Exchange of Information
- * _____ Scholastic/Attendance Records _____
- * _____ Psychological Reports _____

I further understand that these records are protected by state and federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time.

This consent expires automatically 180 days from the date signed.

Signed this _____ Day of _____, 20____

Signature of Parent or Guardian: _____

Witness: _____

Revoked/date: _____ Signature: _____

Witness: _____

IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING FEDERAL LAW APPLIES TO YOU: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR, Part2), The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as other-wise permitted by 42 CFR, Part 2. A general authorization is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumer.