



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](mailto:stephanie.newland@mccesc.org)

|   |                                 |
|---|---------------------------------|
| <p><b>Eligibility Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Custodial parent must be a <b>resident</b> of Champaign County</li> <li>2. The child must <b>not</b> be over the age of 21 years</li> <li>3. The child must have <b>multiple-system unmet needs</b></li> <li>5. Completed Referral form &amp; Release of Information</li> </ol> | <p><b>DATE OF REFERRAL:</b></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:   |  | 7b. School District Attending:                           |                     |
| 7a. Is this child on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |  | Grade:   |                     |
| If yes, reason:  |  | How long has child attended this school?:                |                     |
| 8. Who lives in the household with this youth?   |  | 9. Child's Current Address:                              |                     |
| <u>Name</u>  | <u>DOB</u>   | <u>Age</u>   | <u>Gender</u> (M/F) |
|  |  | Parent(s) Address (if different):                        |                     |
|  |  | Phone Number:  |                     |
|  |  | When is the best time contact the family?                |                     |
| 10. Family Members & Close Friends to Youth/Family:  |  | 11. Is/Are the parent(s) employed?                       |                     |
| <u>Name</u>  | <u>Relationship</u>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
|  | <u>Contact Info.</u>   | If yes, where?   |                     |
|  |  | Work #:  |                     |
| 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 \_\_\_\_\_ . (Please DO NOT use check marks. Parent/Guardian must put initials.)

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

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 otherwise 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.