

Other household members:	DOB	Relationship	Adopted Y or N	School	Grade

Referral by: _____ Agency: _____ Phone: _____ Email: _____

Current Personal or Community Supports and Service Providers

(Juvenile Court, Dev. Disabilities, Schools, Mental Health, Children Services, Churches, Family, Friends, Scouts, etc.)

NAME	AGENCY/ORGANIZATION (if applicable)	ROLE- RELATIONSHIP	PHONE (ext)	EMAIL ADDRESS

Mental Health Diagnosis: _____

Current Medications: _____

Prescribed by: Dr. _____

Primary Physician's Name: _____

Check if History of Abuse: Physical Sexual Neglect Victimization

Reports of sexual and/or abuse of the youth, **past or present.** (Professional must follow duty to report mandate if this event has not already been reported)

Which if any of the following systems has your child been involved with in the past 12 months?

Could you briefly explain their involvement?

- JFS/Children's Services _____
- Mental Health Treatment _____
- Substance Use Treatment _____
- Developmental Disabilities _____
- Health Care _____
- Special and/or Alt. Education _____
- Juvenile Ct/ Law Enforcement _____

Check if the court has found the youth: Unruly Delinquent (criminal offense if an adult)

Presenting Risks that occurred in the PAST 30 DAYS.

Behavior:

- Suicidal Ideation: Youth **states, talks, or thinks** about **hurting or killing self**.
- Suicidal Gestures: Youth engages in **non-life threatening behavior**, concurrent with **thoughts and/or talk about suicide**.
- Suicide Attempt: Serious **life threatening attempt with clear intent and desire to commit suicide**. (attempted hanging; potentially lethal overdose; involvement of a gun)
- Self-Injurious Behaviors: Self-harming behaviors that are not life threatening and may be of a chronic nature such as: **cutting, head banging, ingestion or insertion of objects**.
- Violent Behaviors: Behaviors that cause **serious harm**, injury, or damage to people, property or animals. Example: **domestic violence, animal torture**, extensive property damage **with intent to harm**.
- Aggressive Behaviors (Towards people or animals etc): Youth demonstrates behaviors that are potentially **dangerous or harmful to people or animals, without serious damage**. Examples: Bullying, pushing.
- Verbal or Written Threats to Others: Youth states or writes threats of harm toward people, places, or things.
- Availability of Weapons: Youth has access to obtaining weapons through self, family, friends, or neighbors.
- Impulsive Behaviors: Youth exhibits behaviors without thought or planning that are potentially **dangerous or harmful to self or others**.
- Limited Ability to Control Anger: Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.
- Runaway: History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.
- Negative peer involvement or gang activity: Peer or gang involvement that results in negative behaviors by the youth.
- Chargeable Sex Offense: Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.
- Prejudicial thinking: Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views **pose a potential risk to others or property**.
- Known/Suspected Criminal Activity: Youth is suspected of, or admitted to, being **involved in activities that are chargeable offenses**; has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges.
- High Risk Sexual Behavior: Youth has a recent or current history of sexually active behaviors **without regard for personal safety** or negative outcomes.
- Youth uses drugs or alcohol: Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.
- Anorexia or Bulimia: Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.
- Anxiety: Youth has **intense anxiety**, avoidance, obsessions, compulsions, fearfulness or persistent and excessive worry.
- Fire Setting Behaviors: Fascination with fire, play with matches or objects that have the potential to **set fire and harm self or others**. Previous reports of fire setting or a pattern of concerns related to fire.

Family/Caregiver/Environmental

- Caregiver with chronic/acute mental illness, developmental delay, or mental retardation: Caregiver has significant mental illness, developmental disability, or mental retardation where the **disability compromises or limits his or her ability to care for the needs of youth** and family. Caregiver's disability may limit their ability to monitor and supervise the youth.
- Caregiver with Drug or Alcohol Problem: Caregiver has a substance abuse problem which **compromises or limits his or her ability to care for the needs of youth** and family. Such use may limit their ability to monitor and supervise the youth.
- Caregiver with severe chronic illness: Caregiver has significant chronic illness that is debilitating and **limits his or her ability to care for the needs of youth** and family. Caregiver's illness may limit their ability to monitor and supervise the youth.
- Resides in high crime neighborhood: Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal **daily activity and functioning is limited because of these safety concerns.**
- Unrestricted internet access: Evidence of access and/or exposure to internet sites **that pose a risk or danger to the youth**; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.
- Lack of caregiver supervision or behaviors that overwhelm caregiver resources: Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes or such severe behavior **caregiver cannot adequately address safety of youth.**
- Current Placement Suspected Child Abuse: Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.

- Acute Family Crisis: Family is experiencing a crisis, family defined, that **restricts or limits their resources or abilities to care for or supervise youth's safety or behaviors.**
- Family Conflict: Verbal or physical family disagreements that pose a real or potential risk or **safety concern to the youth and/or family.**
- Poverty, Youth's Lack of Stable Residence/Homelessness: Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns or caregiver lacks resources to meet basic needs of youth.

Emotional Disturbances

- Limited Developmental Capacity to Maintain Personal Safety: Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.
- Severe social impairment: Youth has significant social interaction problems or misperceives social situations and **youth's behavior causes safety issues for self or others**, and/or youth has strong reaction to their environment or sensory input that **interferes with normal functioning.**
- Mood difficulties: Youth or parents state that the youth appears to be **depressed**, withdrawn, and/or shows marked diminished interest or pleasure in activities and/or period of **abnormally and persistently elevated or irritable mood.**
- Hears voices or sees things: Youth states hearing voices or seeing things that are not based in reality.

School

- Suspended, Expelled, or Dropped Out of School: Youth has **multiple suspensions from school that places him or her at risk of expulsion**, is expelled from school, or has dropped out of school.
- Held Back/Behind in Grade: Youth has been retained one or more years in school.

Truancy: Admitted or reported failure to attend school on a regular basis, which may result in legal action.

which may cause functional impairment or limit daily activities, or educational progress.

Emotional or Educational Disabilities: Youth has been assessed to have a **serious emotional, developmental, and/or learning disability,**

*Adapted from Stark County Family Council
Community Wraparound

Child's Strengths: _____

Barriers to Treatment: _____

What is the goal of this referral? What would you like to accomplish?

For FCF office use only

Accepted

Declined

Assigned to: _____