

Child & Adolescent Local Area Network # \_\_\_\_\_  
**Wraparound Referral Form**

**Date of Referral:** \_\_\_\_\_ **LAN ID#:** \_\_\_\_\_ (will be assigned at screening)

**SECTION A: DEMOGRAPHICS**

Child's **Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Gender:** M or F \_\_\_\_ **Primary Language of Child** \_\_\_\_\_

**Race/Ethnicity:**  Asian  African American  Bi-Racial  Caucasian  Hispanic/Latino  Other: \_\_\_\_\_

**Primary Caregiver's Name(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to the Child:**  Birth Parent  Adoptive parent  Foster Parent  
 Grandparent  Step Parent  Other relative  None \_\_\_\_\_

**Secondary Caregiver's Name(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to the Child:**  Birth Parent  Adoptive parent  Foster Parent  
 Grandparent  Step Parent  Other relative  None \_\_\_\_\_

**IF PARENT IS NOT THE LEGAL GUARDIAN:**

**Name of Legal Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**DCFS involvement** \_\_\_ intact family \_\_\_ Home of relative \_\_\_ Foster care \_\_\_ adopted

**SECTION B: REFERRAL INFORMATION**

**SOURCE:**  School  DCFS/Private agency  Mental Health  Family  Community: \_\_\_\_\_

**Agency/School Name:** \_\_\_\_\_ **Person making referral:** \_\_\_\_\_

**Title/Role:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**SECTION C: ELIGIBILITY FACTORS--Please check all eligibility factors that apply:**

- Academic Difficulty
- History of truancy: # last year \_\_\_\_\_ # current year \_\_\_\_\_
- History of suspensions: # last year \_\_\_\_\_ # current year \_\_\_\_\_
- Child at risk of removal from home, school, or community
- At risk of school action (suspension, expulsion, truancy) # of office discipline referrals \_\_\_\_\_
- School move
- Multi-agency involvement in need of collaboration
- History of expulsions: # \_\_\_\_\_ date \_\_\_\_\_

\*Current G.P. A. \_\_\_\_\_

LAN ID # \_\_\_\_\_

**SECTION D: Risk Factors related to eligibility present at referral:** (please mark all that apply)

- |   |  |  |  |
|---|--|--|--|
| A. <input type="checkbox"/> Academic Difficulty | H. <input type="checkbox"/> Child Physical Abuse     | N. <input type="checkbox"/> Juvenile Del./Court            | U. <input type="checkbox"/> Parent Separation          |
| B. <input type="checkbox"/> Attendance problems | I. <input type="checkbox"/> Child Sexual Abuse       | O. <input type="checkbox"/> Mental Health Issues of Child  | V. <input type="checkbox"/> Parent Substance Abuse     |
| C. <input type="checkbox"/> Basic Needs Unmet   | J. <input type="checkbox"/> Child Substance Abuse    | P. <input type="checkbox"/> Mental Health Issues of Parent | W. <input type="checkbox"/> Placed Out of Home         |
| D. <input type="checkbox"/> Child Behavior      | K. <input type="checkbox"/> Child Under Stress       | Q. <input type="checkbox"/> Parent-Child Conflict          | X. <input type="checkbox"/> Sexual Acting Out          |
| E. <input type="checkbox"/> Child Depression    | L. <input type="checkbox"/> Domestic Violence        | R. <input type="checkbox"/> Parental Conflict              | Y. <input type="checkbox"/> Special Needs Child/Parent |
| F. <input type="checkbox"/> Child Medical Needs | M. <input type="checkbox"/> Inadequate Social Skills | S. <input type="checkbox"/> Parent Death                   | Z. <input type="checkbox"/> Unstable Housing           |
| G. <input type="checkbox"/> Child Neglect       |  | T. <input type="checkbox"/> Parent Illness                 | AZ. <input type="checkbox"/> Financial Issues          |

**SECTION E: PRIOR LIVING INFORMATION: complete if applicable**

If child has been placed in any of the following out of home placements, please indicate the # of times in each:

FOSTER CARE \_\_\_\_\_ RESIDENTIAL/GROUP \_\_\_\_\_ Psychiatric HOSPITALIZATIONS \_\_\_\_\_ DETENTION \_\_\_\_\_

**SECTION F: SCHOOL INFORMATION:**

**Name of school** child currently attending \_\_\_\_\_ **Dist #** \_\_\_\_\_ **Address** \_\_\_\_\_

City \_\_\_\_\_ Contact person \_\_\_\_\_ Position \_\_\_\_\_

**IEP: yes** \_\_\_ **no** \_\_\_ **504: yes** \_\_\_ **no** \_\_\_ **requested: yes** \_\_\_ **no** \_\_\_

Child current educational placement  Regular  LD  EBD  S&L  Other \_\_\_\_\_

**Grade level** \_\_\_\_\_

**SECTION G: INVENTORY OF EXISTING SERVICES**

**Please check those services/programs the child or family is currently receiving:**

- Mental health counseling  SASS  TANF  Medical card and/ or food stamps  Juvenile justice  DD  
 Local community services  SOC (DCFS wards only)  Other (Specify) \_\_\_\_\_

What is the anticipated benefit of wraparound for this Youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAN ID # \_\_\_\_\_

**SECTION H: CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize members of the Local Area Network (LAN) to release and obtain information from:  
(print parent/guardian name)

	Child's Initial	Parent/Guardian Initial
Local school district _____	_____	_____
Mental health services provider _____	_____	_____
DCFS/Purchase of Service (POS) Agency _____	_____	_____
Probation Department _____	_____	_____
LAN Screening Committee _____	_____	_____
Special Education Co-op _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

I/We authorize the release of all information contained in this Child and Family Referral Form to the members of the C&A LAN and the Child and Family Team for consideration of services and evaluation purposes. This consent has been explained to me in a language I can understand. This consent is valid until \_\_\_\_\_. ( This consent valid for one year from date signed)

I understand that I may revoke this authorization at any time, except to the extent that action has been taken on this authorization. I further understand that the agencies which receive this information, in accordance with State and Federal regulations, will not disclose this information without further written consent. I also understand that I have a right to inspect and copy the information that will be disclosed and that a fee may be charged for the cost of copying.

Child's Signature (if over 12): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Referral Approval/Signoff by LAN Committee</u>		
(3) Signatures of Screening Committee/Subcommittee of LAN _____		
<b>Referral Approved: Yes or No</b>	<b>By: _____</b> <b>Designated LAN Signature</b>	<b>Date: _____</b>
	<b>By: _____</b> <b>Witnessed</b>	<b>Date: _____</b>
	<b>By: _____</b> <b>Witnessed</b>	<b>Date: _____</b>
<b>Additional comments from LAN Screening Committee regarding plan:</b>   		