

Idaho Behavioral Health Plan Statewide Wraparound Referral

This form to be submitted to preferred Wraparound Coordinator or Wraparound Agency

Date of Referral: Click or tap to enter a date.	
Name of Youth: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Name of Parent/Guardian: Click or tap here to enter text.	Email: Click or tap here to enter text.
Address: Click or tap here to enter text.	Phone Number: Click or tap here to enter text.
Referred by: Click or tap here to enter text.	Agency/Affiliation: Click or tap here to enter text.
Contact Information of Referent: Click or tap here to enter text.	
Current Concerns: Click or tap here to enter text.	
Current Services/Interventions and Providers: Click or tap here to enter text.	
Does the youth/ family have any current or pending legal involvement? Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the youth have an IEP/504? Y <input type="checkbox"/> N <input type="checkbox"/>	
Is CPS involved with the family? Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the youth have developmental disabilities? Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the youth have any chronic physical health conditions? Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the youth have, or the youth had, a person-centered service plan in the last year? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are translation services needed? Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the youth have an Initial CANS assessment? Y <input type="checkbox"/> N <input type="checkbox"/>	CANS Level of Care (1,2,3 LOC): Click or tap here to enter text.
Youth Needs Identified on the CANS/CANS Items: Click or tap here to enter text.	
Current Diagnosis or Diagnoses: Click or tap here to enter text.	
Is the family/guardian interested and willing to participate in a Wraparound planning process? Y <input type="checkbox"/> N <input type="checkbox"/>	
Youth and Family Strengths: Click or tap here to enter text.	
Potential Team Members? Click or tap here to enter text.	
Additional Comments: Click or tap here to enter text.	

Please direct any questions regarding the information contained in this form to the Wraparound Agency