



**LAKE COUNTY  
WRAPAROUND**

**Referral**

Date: \_\_\_\_\_

Name of Child/Children being Referred		DOB
Siblings		DOB
Name of Parent or Caregiver		Mailing Address
Parent or Caregiver Phone#	Youth Phone #	Physical Address

<b>Has Wraparound Been Discussed with the Youth/Family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--

School Challenges (Check all that Apply)
<input type="checkbox"/> Poor Attendance in school <input type="checkbox"/> Truant <input type="checkbox"/> On Truancy Contract <input type="checkbox"/> Expelled or at Risk or Expulsion <input type="checkbox"/> Failing Grades <input type="checkbox"/> Repeated Discipline Problems <input type="checkbox"/> Repeated Suspensions
Is the child/youth Receiving Services from any of the Following? (check all that apply)
<input type="checkbox"/> Mental Health <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Division of Youth Services <input type="checkbox"/> Probation <input type="checkbox"/> Diversion <input type="checkbox"/> <input type="checkbox"/> Domestic Violence <input type="checkbox"/> IEP in School <input type="checkbox"/> Alternative Education <input type="checkbox"/> Foster Care Other (please specify) _____

Other Known or Suspected Risk Factors (check all that apply)
<input type="checkbox"/> Verbal abuse during Childhood <input type="checkbox"/> Child Physical Abuse <input type="checkbox"/> Child Sexual Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Youth substance use <input type="checkbox"/> Youth in Conflict with Caregiver <input type="checkbox"/> Self harm <input type="checkbox"/> Experiencing Crisis or Trauma as a result of abuse, death, divorce, relocation, or other events <input type="checkbox"/> Incarceration of a parent or Family member <input type="checkbox"/> Family History of Mental Illness <input type="checkbox"/> Youth Substance use <input type="checkbox"/> Family History of Substance use <input type="checkbox"/> Family History of Co-Occurring Disorders

Witnessing Domestic Violence  Involvement with the Law  Homeless or at Risk of Becoming Homeless

**Presenting Problem**

**Family and Youth and Strengths**

**Additional Information**

Person Making Referral	Phone Number	Title
<b>Name of Organization/School</b>		

*You can email form to [grant.lee@state.co.us](mailto:grant.lee@state.co.us)  
or  
fax to: 719-486-4164 – Attention Lake County Wraparound*