

Request for Families Forward Wraparound Services

(This referral is for Medi-cal clients ONLY)
9445 Farnham Street Suite 100 San Diego, CA 92123
Phone (858)380-4676 Fax (858)569-2418

Date: ____/____/____

Minor's Name: _____ DOB: _____ Age: _____

Parent/Guardian Name(s): _____ Phone Number: _____

Parent/Guardian Address: _____

Minor's Address & Phone Number (if different from above): _____

Minor's Ethnicity & Preferred Language: _____

Parent's Ethnicity & Preferred Language: _____

Region (circle one): South Central North County East County

System Involvement (current) (circle one): Child Welfare AB2726 Probation None

Referring Agent's Name and Agency: _____ Phone Number: _____

Referring Agent's email address: _____

Reason for Referral: _____

Axis I Diagnosis: _____

Minor's Strengths: _____

Family's Strengths: _____

Is the minor currently or has the minor in the past received mental health treatment? Yes No
(If yes, has the current or prior treatment been insufficient to ameliorate symptoms?) Yes No

Is the minor currently at risk for losing placement in the home? Yes No
(going into residential, foster care, being incarcerated or hospitalized)

At-risk Behaviors: _____

Is the minor transitioning home from placement in the near future? Yes No
Expected transition time: _____

Is the family/guardian aware that they were referred to Families Forward? Yes No

Which Outcome Goal/s would the client fall under? (circle one or more):

↓Re-arrest ↓Incarceration ↓Re-Hospitalization ↓Truancy ↓Expulsion Rate ↑School Attendance ↑Residential Diversion

Client's Insurance: Medi-Cal #: _____

Referral Materials Attached (if not available, please note reason and/or when it will become available):

- _____ Release of information between referring party and Families Forward Wraparound program
- _____ Face Sheet, S.D. County Children Services – MHS 140 or Juvenile & Family Data Face Sheet, Probation Department
- * _____ Copy of Medi-cal Card? Yes No (**Need to have a copy of the card to open the case, must send with referral**)
- _____ Most Recent Psychological Evaluation
- _____ Most Recent Discharge Summary/JCIP Summary or Treatment Summary
- _____ Mental Health Assessment & most recent Mental Health Assessment Update
- _____ Most Recent Social Study
- _____ Most Recent Court Report/Placement History
- _____ Most Recent Individualized Education Plan (IEP), Attendance Records (one year), School Grades
- _____ Child Youth History Questionnaire &/or Alcohol Drug Questionnaire