

Chatham~Kent WrapAround 519-352-5647

Referral Form (To be completed by family representative and/or referring worker)

Referring Agency/Organization: _____

Referring Person: _____ Phone: _____

Email: _____

Date of Referral: _____

.....

Family Name(s): _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: _____

Family Members: Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

(Please add additional names on the flip side of the page if necessary)

Are the children/youth living with their family? Yes _____ No _____

Details: _____

Is there risk of out-of-home placement? Yes _____ No _____

Details: _____

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Please list some goals/objectives your family might hope to achieve through the WrapAround Process:

What life domain areas are presenting challenges for your family?

Safety		Emotional/ Psychological	
Cultural		Housing	
Legal		Family	
Spiritual		Medical	
School/Job		Social/ Recreational	
Behavioral		Financial	
Other:			

If nothing changes in your life, where do you see you (your family) in two years?

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Who does the family see as a personal support (e.g. friend, teacher, coach, relative, minister, etc)?

Name	Relationship

What formal (professional) supports has your family accessed?

Type of support/Program	Agency/Group	Current or past?

Please provide any information that would be helpful for the WrapAround facilitator to understand the “big picture” of your family or your situation (e.g.: strengths, special needs, language or cultural considerations, etc.):

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In order for the WrapAround process to help you achieve your goals, it is necessary for your family team to understand risk and safety factors present. Please answer the following questions as fully as possible:

What are the current stresses that are causing challenges for your family?

If there are, or have been, challenges with drug or alcohol dependency in your family, what stress has this caused?

Is violence an issue in your family, and, if so, how has it affected your family?

Has Children's Aid or Family and Children's Services been involved with your family?

Are there legal issues pending that may affect your goals while you are involved in WrapAround? Please describe.

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Has the safety of anyone supporting your family ever been in question while providing service? If so, please describe.

I give the referring person identified on this form permission to pass the information contained in this form to a WrapAround representative.

Signature of family member: _____

Date: _____

Signature of referring person: _____

Email to: wraparound@neighbourlinkck.com
or fax to: 519-351-0772