



Wrap Connections Referral Form

Referring Party Information:	
Agency (if applicable):	
Name:	
Email:	
Phone Number:	
Fax Number:	

Referral Criteria (check all that apply):	
<input type="checkbox"/>	Youth is a full-scope Medi-Cal beneficiary under age 21
<input type="checkbox"/>	Youth is non-system involved and has mental health or behavioral concerns
<input type="checkbox"/>	Youth has recently been at ESU or inpatient psychiatric hospitalization
<input type="checkbox"/>	Youth is currently at risk for moving to a different living arrangement
<input type="checkbox"/>	Other
Reason for Referral:	
Please describe the youth and family needs. What are the mental health or behavioral concerns that need to be addressed? What is the reason for the referral to this program?	

Youth Information:	
Youth Name:	Date of Referral:
DOB:	Age:
Race/Ethnicity:	Language Preference:
Gender:	
Caregiver Information:	
Name:	Relationship:
Phone Number:	Email:
Address:	Language Preference:
Release of Information attached:	Verbal Consent Received:

Please send completed referral to wrapconnections@fredfinch.org or fax to (619)797-1091

Rev.2/23/2022





Please complete the following section with as much information as possible

Please describe youth and family dynamics that will be important for Wraparound to consider:

[Empty text box for youth and family dynamics]

Has the youth/family agreed with referral to Wraparound? YES NO

Add additional comments if necessary:

[Empty text box for additional comments]

Youth/Family Risk Factors- please mark all that apply:

Suicidal Ideation/Behaviors	Physical Aggression
Homicidal Ideation/Behaviors	Domestic Violence
Substance Abuse	History of Hospitalization

Overall safety considerations:

[Empty text box for overall safety considerations]

What other services does the youth or family currently have or participate in? (i.e. Therapy, TBS, other providers, extracurricular activities, etc.):

[Empty text box for other services]

Please describe strengths of the youth and family:

[Empty text box for strengths]

FF ADMIN USE ONLY
Medi-Cal Check

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