

Greater Oregon Behavioral Health, Inc.
Eastern Oregon Coordinated Care Organization
Wraparound Care Coordinator
c/o - Intensive Children Treatment Supervisor

702 Sunset Drive
Ontario, Oregon 97914

Phone (541) 889-9167
Fax (541) 889-7873

WRAPAROUND COORDINATED CARE REFERRAL FORM

Date of Referral:	Release of Information signed? Yes ____ No ____
Name of Youth:	Date of Birth:
Address:	Age:
City, State, Zip:	Gender:
Phone #:	Email:
Mother's Name:	Father's Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Email:	Email:
Legal Guardian:	Phone #:
Address:	City, State, Zip:
Email:	

SIBLINGS

Name	Age	Residence/Living with Whom?
Person Making Referral:	Phone #:	
Referral Agency:	Email:	

Please give a detailed description of the behaviors and concerns that prompted this referral (criminal history, school issues, family dynamics, current living situation, etc.):

Please give a detailed description of the areas of strengths, positive development, stability, etc.

Programs or services that the youth/family have received or are currently receiving:

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SOCWI
Screening Checklist
Malheur County, Oregon

Date: _____

Youth's Name:	Yes	No	Comments
Must Meet One of the Following Criteria:			
Youth is involved with at least 2 child serving systems/agencies (for i.e. Child Welfare, Juvenile Justice, Mental Health, School I.E.P. and/or 504)			
Youth can be in non-relative foster care			
Additional Criteria (check all that apply)			
Youth is displaying emotional, behavioral issues, or social concerns			
Does Youth have Oregon Health Plan Insurance Coverage?			
Youth may be considered homeless			
Significant risk of out of home placement, losing current placement and/or multiple moves within the system			
Elevating risk of harm to self or others.			
School disruption due to suspension and/or expulsion, or other issues			
Youth has a family			
Youth has one or both parents incarcerated			

*"Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers and other primary relations to the individual whether by blood, adoption, legal or social relationships. Family also means any natural, formal or informal support persons identified as important by the individual.