Strong Foundations High Fidelity Wraparound Referral Form

Services funded by contract with County of San Diego

Referral information, eligibility, and consent

SAN DIEGO COUNTY SERVICE AREA - CHECK ONE

- ☐ North/Inland Coastal
- ☐ Central/North Central
- ☐ South
- ☐ East

REFERRING PARTY INFORMATION

Date of Referral: _____ Agency/Organization: _____

Referring Party Name: _____ Relationship to Participant: _____

Phone: _____ Email: _____

DECISION SUPPORT CRITERIA

Was DSC used? ☐ Yes ☐ No ☐ Unknown Date: _____

If yes, qualifying areas: ☐ Behavioral/Emotional ☐ Caregiver Needs ☐ Risk ☐ Life Functioning ☐ Strengths

PARTICIPANT INFORMATION

Participant Name: _____ DOB: _____ Age: _____

Preferred Language: _____ Medi-Cal CIN/Member ID: _____

Address: _____

PARENT / CAREGIVER / LEGAL GUARDIAN INFORMATION

Name: _____ Relationship: _____

Phone: _____ Email: _____

ELIGIBILITY - CHECK ALL THAT APPLY

- ☐ Participant has full-scope Medi-Cal.
- ☐ Youth/participant is 0-25 years old.
- ☐ Concerns for youth/participant: ☐ Mental Health ☐ Behavior ☐ ESU Evaluation/Hospitalization
- ☐ Youth/participant requires intensive coordination services across providers, services, or settings.

Final program eligibility is determined through New Alternatives intake review.

FAMILY AGREEMENT AND CONSENT

☐ The participant and/or parent/caregiver agree with the referral to Strong Foundations Wraparound and have given verbal consent to share referral information with New Alternatives.

Name: _____ Relationship: _____ Date: _____

Attach supporting documentation when available.

PARTICIPANT AND FAMILY STRENGTHS

Describe strengths, interests, supportive relationships, successful strategies, and what is working.

PARTICIPANT AND FAMILY DYNAMICS

Describe family relationships, living circumstances, cultural considerations, and important context.

CURRENT SERVICES AND SUPPORTS

List current providers, school supports, community resources, and natural supports.

SAFETY RISKS - CHECK ONLY THOSE THAT APPLY

- ☐ Suicidal ideation/attempt history
- ☐ Self-harm behaviors
- ☐ Homicidal ideation
- ☐ Physical aggression toward others
- ☐ Property destruction
- ☐ Fire setting
- ☐ Sexual safety/reactive behavior concerns
- ☐ Exploitation or unsafe relationship concerns

BEHAVIORAL ISSUES

- ☐ Running away from home
- ☐ School refusal/truancy
- ☐ Severe temper outbursts
- ☐ Impulsivity/risk-taking behaviors
- ☐ Illegal activity
- ☐ Gang involvement

CLINICAL RISKS

- ☐ Depression
- ☐ Anxiety
- ☐ Trauma/PTSD symptoms
- ☐ Seeing/hearing things others do not
- ☐ Substance use
- ☐ Eating disorder concerns
- ☐ Difficulty taking prescribed medication
- ☐ Psychiatric hospitalization history
- ☐ Recent behavioral health crisis

FAMILY / SYSTEM RISKS

- ☐ Family conflict
- ☐ Domestic violence exposure
- ☐ Caregiver burnout
- ☐ Instability in the home
- ☐ Risk of family disruption
- ☐ Child welfare contact/involvement
- ☐ Law enforcement contact
- ☐ Housing instability
- ☐ Lack of natural supports

DEVELOPMENTAL / EDUCATIONAL RISKS

- ☐ Developmental delays
- ☐ Regional Center involvement
- ☐ School concerns/IEP/504/failing grades
- ☐ Suspensions or expulsions
- ☐ Employment/vocational concerns
- ☐ Independent living skills deficits
- ☐ Transition-age youth support needs

☐ Other risk factor(s):

REASON FOR REFERRAL / PRESENTING CONCERNS

Describe the participant and family's needs, current concerns, recent events, current services and supports, immediate safety concerns/plans, and why Strong Foundations High Fidelity Wraparound is being requested.

NEW ALTERNATIVES INTAKE USE ONLY

☐ Full-scope Medi-Cal verified ☐ Referral criteria verified ☐ Decision Support Criteria reviewed

☐ Accepted ☐ Redirected ☐ Declined ☐ Pending Information ☐ Duplicate Redirect to:

Date received: Reviewer: Decision Date:

Intake Notes: