

# YOUTH SERVICE BUREAU

FAMILY SERVICE CENTER  
84 BROADWAY  
RICHMOND, CALIFORNIA 94804

## **WRAPAROUND PROGRAM**

*The West Contra Costa Youth Service Bureau announces a new partnership with Contra Costa County Health Services Department - Children's Division to provide services using a wraparound approach. The System of Care Wraparound Program consist of two sets of teams. The System of Care Multi-Agency Regional Teams, or SMART Teams, are the entry points to the wraparound planning process and services. The second set of teams, Child and Family Teams, provide an individualized planning process to support each child and family and assist them to meet their needs.*

*The SMART Teams includes representatives from the County Departments of Employment and Human Services, Health Services, Probation and Community Services; Contra Costa County Office of Education, Mount Diablo Unified School District, West Contra Costa Unified School District, and Contra Costa SELPA. Each Child and Family Team is made up of formal support people (professional) and informal support people (family, friends and other community members who know the family).*

*The Wraparound Program seeks to accomplish three major goals:*

- \* Increase the independence of family
- \* Improve family life
- \* Assist the community to support all children and families

*Wraparound services include and are not limited to the following:*

- \* Assessment and Evaluation
- \* Individualized Family Plans
- \* Child/Family Team Facilitation
- \* Case Management
- \* Counseling
- \* Crisis Intervention
- \* Family Support
- \* Mentoring
- \* Outreach
- \* Transportation
- \* Socialization
- \* Referrals

FOR MORE INFORMATION CALL:

**510 231-7812**



# YOUTH SERVICE BUREAU WRAPAROUND SERVICES REFERRAL FORM

**Instructions:** Please recommend minors that you feel have the most need and would benefit from wraparound services. Please fill out Sections 1, 2, & 3 as completely as possible. **\*\*MUST COMPLETE**  
**Fax completed referral(s) to: (510) 231-7810**

### SECTION 1: Minor's Information

Date: \_\_\_\_\_ School: \_\_\_\_\_  
Name of Minor: \_\_\_\_\_ Grade: \_\_\_\_\_ Academic Counselor: \_\_\_\_\_  
\*\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male  Transgender  
Ethnicity: \_\_\_\_\_ \*\*Minor Language(s) Spoken: \_\_\_\_\_

(Referring party should make sure that family is aware of referral being made prior to making referral)

→ **\*\*OK TO CONTACT PARENT/GUARDIAN: YES NO \*\*IS PARENT/GUARDIAN AWARE OF THIS REFERRAL? YES NO**

\*\*Parent/Guardian (1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
\*\*Parent/Guardian Language(s) Spoken: \_\_\_\_\_ City: \_\_\_\_\_  
Parent/Guardian (2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Parent/Guardian Language(s) Spoken: \_\_\_\_\_ City: \_\_\_\_\_  
**\*\*Minor's Social Security Number:** \_\_\_\_\_ **Insurance:**  Medi-Cal # \_\_\_\_\_

(SS # must be provided to check for minor eligibility. Minor must have Contra Costa County Medi-Cal to be eligible for YSB Wraparound services)

### \*\*SECTION 2: Reason for Referral (check all that apply)

- Academic Performance
  - Health Care
  - Alcohol/Drug/Tobacco Concerns
  - Anger Management
  - Housing/Shelter
  - Family Issues
  - Crisis (please specify): \_\_\_\_\_
  - Other: \_\_\_\_\_
  - I would rather discuss in person.
- Mental Health
  - Runaway
  - Peers/Friends/Relationships
  - Self-Esteem
  - Depression
  - Truancy

**\*\*Please elaborate on target behaviors/needs/problems:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: Referral Source

\*\*Name: \_\_\_\_\_ \*\*Position/Title: \_\_\_\_\_  
\*\*Agency: \_\_\_\_\_ \*\*Phone and Ext: \_\_\_\_\_

### Case Assignment: For Provider Use Only

Date: \_\_\_\_\_ Facilitator Assigned: \_\_\_\_\_  
\_\_\_\_\_ West \_\_\_\_\_ Central \_\_\_\_\_ East Family Partner Assigned: \_\_\_\_\_