

**Southwestern Indiana System of Care  
Wraparound Referral**

Date Received:	Referral Source:
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**Child Information**

Name:	DOB:	Parent/Guardian:	
Address:	City:	County:	
Home Phone:	Cell Phone:	Work Phone:	
Insurance Coverage:	Medicaid	Y	N
	Medicaid Eligible	Y	N
	Private Insurance	Y	N
	No Insurance Available	Y	N

**Others Involved**

Name:	DOB:	Relation:	In household?	Y	N
Name:	DOB:	Relation:	In household?	Y	N
Name:	DOB:	Relation:	In household?	Y	N
Caregiver willing to participate in Wraparound?			Y	N	

**Educational**

Most Recent School Attended:	Grade:
Special Education?      Y      N	Primary Disability:

**Mental Health**

Is child currently active in treatment?	Y	N	Current Provider:
Frequency:	Is child on psychiatric medication?		Y      N
Meds prescribed by:	Psychiatrist	PCP	Nurse Practitioner
Current Diagnoses (must have at least two):			
Does child have primary substance abuse disorder, PDD/Autism spectrum or ADHD?			Y      N

**Risk Factors/Reason for Referral**

Check all that apply:			
Legal	Family Problems	School Problems	Abuse/Neglect
Alcohol/Drug	Mental/Emotional	Recent Out of Home Placement	
Suicidal Thoughts	Danger to Self/Others	Sexually Abusive Behavior	
Runaway	Other:		

**Legal**

DCS involvement?	Y	N	FCM:
Juvenile Court involvement?	Y	N	Probation Officer:

**Community Partners**

What other services are being provided to the child and/or family?
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**Child and Family Strengths**

Check all that apply:			
Stable Housing	Support System	Communication	Substance-free
Involvement in Care	Resilience	Education	Employment
Other:			
Significant caregiver strain in regards to the child's behavior?	Y	N	

**Current Concerns for Child**

1.
2.
3.

**FOR ADMINISTRATIVE PURPOSES ONLY**

Date of First Attempt to Contact Family:			
Accepted for Wraparound Services?	Y	N	
If no, reason:			
Eligible for:	MFP	MRO-Wrap	CHMI 1915i
Date of Last CANS:		CANS Score:	

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Please send completed referral to the attention of Lori McIntire at Southwestern Behavioral Healthcare, Inc. by email at [mcintirel@southwestern.org](mailto:mcintirel@southwestern.org), by fax at 812.422.7558, or by mail at 415 Mulberry Street, Evansville, IN 47713.