

# *Crawford County Family & Children First Council*

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## Service Coordination Mechanism

### INTRODUCTION

We support Ohio's commitment to child well-being.

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are ready for school
- Children and youth succeed in school
- Youth choose healthy behaviors
- Youth successfully transition into adulthood

This plan is being formulated so that Crawford County agencies that serve children can meet the needs of those children and their families in a coordinated, simplified, and cost effective manner. It is written in compliance with the guidelines in House Bill 66 (amends 121.37) and the Ohio Administrative Code Section.

Our council is divided into two divisions; the executive part know as the Family and Children First Council (sets policy, funding and develops procedure) and the Clinical part known as the Family and Children First Clinical Team (assess referrals, allocates resources, and monitors treatment decisions). The FCFC Clinical Team is comprised of members appointed by Council's designated agencies.

The purpose of service coordination is to provide a venue for families requiring services where their needs may not have been adequately addressed in traditional agency systems. Service coordination builds upon the strengths of services already existing in the community. The service coordination process provides access to existing services/supports and when appropriate proposes new services, supports, and strategies to be added in order to address unmet needs.

Service coordination is a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex needs. The process is family-focused and strengths-based. It is responsive to the culture, race, and ethnicity of the family. Therefore, it results in a unique set of community services and natural supports individualized for the child and family. The process assists families in building a system of natural supports so to gradually reduce family reliance on formal systems as it becomes appropriate.

### THE ROLE OF THE CRAWFORD COUNTY FAMILY & CHILDREN FIRST COUNCIL AND CLINICAL TEAM

# *Crawford County Family & Children First Council*

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- To provide an avenue for parents, families and organizations to express their concerns about the needs of children being served by multiple systems in this county and to increase and encourage involvement of parents and their children in the planning and evaluation of child centered services.
- The Crawford County Shared Plan will be used to design and develop services which are deemed necessary to meet the needs of the youth of this county.
- Quarterly meetings of the Clinical team will facilitate the sharing of information between child serving systems in the county. Each team member will sign a Confidentiality Release Agreement annually.
- Through the Wraparound Process, the Council will screen and identify as early as possible those children and families who need support to prevent them from entering or continuing in the criminal justice system, reduce their reliance on social service agencies, and enable them to self direct their needs and supports.

Additionally, the Council seeks to speak as one unified voice without bias, representing all children, their families and the child serving entities of the county with regard to regulatory relief, funding, and legislative issues which affect the children of this county.

## TARGET POPULATION

This plan has the potential of identifying a diverse segment of the population of children in Crawford County. This plan is designed to serve the following populations:

- Unruly
- At risk of being unruly
- Dependent
- Delinquent
- Neglected
- Abused
- Mentally retarded/developmentally disabled
- Mentally ill
- Those children for whom families have voluntarily requested services
- Resident of Crawford County
- A multi-need child from the ages of 0 through 21
- Receives or is eligible to receive services based on multi-needs
- A multi-need child in need of services and coordinated planning efforts

Services will be provided to the target population regardless of race, color, ethnicity, culture, gender, and/or diversity of family dynamic. All assistance and services will be provided in the least restrictive environment possible.

# *Crawford County Family & Children First Council*

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## CONFIDENTIALITY

Any family being referred for service coordination must sign a release of information. Upon receipt of the referral and release of information, the family is contacted by the service coordinator. The service coordinator discusses the signed release and ensures the parent/guardian understands all areas of the release.

In addition, all team members sign a confidentiality statement at the beginning of each family team meeting. This statement explains the confidentiality expectations of information disclosed during team meetings and the planning process.

## ACTION PLAN

### STEP 1: REFERRAL OF FAMILY AND/OR CHILD

If any of the following conditions exist with a child or family, an agency and/or family member may make a referral to the FCFC Council:

- There is a multi-systemic need,
- The family has not yet been able to access needed services because of the following:
  - Appropriate services are not available
  - Eligibility requirements cannot be met
  - Funding for these is inadequate or not available
  - Coordination of services among agencies has been unsuccessful.

Any family member or child serving system may complete a referral form requesting a review by the FCFC Director. The referring system shall be responsible for the proper completion of all releases. Each referred family shall receive a copy of the Service Coordination Mechanism, which includes the dispute resolution process, along with the Confidentiality Release Form.

### STEP 2: ASSESS THE APPROPRIATENESS OF THE REFERRAL AND DETERMINE THE LEVEL OF NEED.

Upon receipt of a completed referral form and release of information, the Council Director will contact the family and help them to determine their level of need. The family will be contacted within 3 business days of a complete referral.

Level 1: Information and Referral. Resource and referral information is provided to the family and no further services are provided.

Level 2: Service Coordination: The family has utilized resources and still needs some additional support that can be directly provided by FCFC. The FCFC Director will meet with the family and develop a plan to alleviate the concerns.

# *Crawford County Family & Children First Council*

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Level 3: Wraparound Services: If the family has multiple needs that cannot be resolved directly by the FCFC Director the family will be referred for Wraparound Services (See step 3 for more details).

Level 4: Clinical Team: When issues are unable to be resolved through Wraparound the family will be referred to the Clinical Team (See step 4 for more details). A case may be referred directly to the Clinical Team if the child is in an out-of-home placement and there is a need for Joint Service Planning.

## STEP 3: FORMULATION OF WRAPAROUND SERVICES

Once a wraparound referral is received the family is contacted to determine their willingness to participate in the wraparound process. If the family agrees to services, information is gathered for the strengths and culture discovery. A wraparound meeting will be scheduled within 10 days of agreement for services. All key participants involved with the child and family shall be invited to the wraparound meeting. The Wraparound Coordinator will work with the family to help them identify their support persons, appropriate agencies, and a school district representative. The Wraparound Coordinator will contact each identified participant to notify them of scheduled meetings.

The wraparound plan will address each of the following life domains; Individual, Family, Education, Mental Health, Legal, Social/Recreational. The wraparound plan shall be comprised of the following steps:

1. Identification of family/child strengths: The facilitator will facilitate a discussion for all family members and service providers to identify the strengths of each family member and the family as a whole.
2. Identify services/needs of the child and/or family: The facilitator will lead a discussion with the team members to help identify the needs of each family member and the family as a whole.
3. Identified family goals: The family will be encouraged to develop goals for each life domain. The goals will be established with input from the team.
4. Description of services/supports that will be provided: The team will develop a description of services and supports that will be implemented to address the areas of concerns. The team focuses on the family's strengths to meet their needs. The services must be responsive to the family's strengths, needs, culture, race, ethnic group. All services should be provided in a least restrictive setting.
5. Responsible person/case worker and lead agency for monitoring: The person responsible for monitoring the service/support will be identified.
6. Timeline: A timeline will be established for the completion of the service/support based upon the needs of the family.
7. Funding sources, reimbursements: The funding sources for the service or support will be identified.
8. Crisis and Safety Planning: The family will be asked to identify a potential crisis and the team will develop a plan of action to help prevent the crisis from occurring and a plan to address the crisis if one occurs.

# *Crawford County Family & Children First Council*

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The wraparound coordinator, with the family's approval, shall appoint a lead case manager to ensure the family and all staff from involved agencies are notified of and invited to participate in additional team meetings. The tracking of progress on the plan, scheduling of meetings, and facilitation of meetings will be completed by the wraparound coordinator unless the family prefers otherwise. Each family has the option to choose a lead case manager for their team.

When addressing the needs of an alleged unruly child many services and supports are considered. The wraparound may involve local law enforcement officials and court personnel. A diversion program through the court will be utilized when appropriate. Mentoring, parenting education programs, and alternative school settings may be utilized as well.

The formulation of a written wraparound plan will be done no later than 10 days after the scheduled wraparound meeting. The parents and agency representative's signatures are required on the wraparound plan. The signatures indicate that the parent(s) and agencies are in agreement with the developed plan and will comply with the document.

A copy of the wraparound plan will be shared with all agencies that will be participating in the treatment. The agencies will develop their individualized service plans based upon the wraparound plan. Each wraparound plan will be reviewed no less than quarterly.

Families and service providers can request a review of the service coordination plan by contact the Family and Children First Council.

Any agency or family member anticipating an out-of-home placement should contact Family and Children First to schedule a wraparound meeting. In the case of an out-of-home placement, the case will be reviewed within 10 days of the placement date.

If the issues cannot be resolved through Wraparound Services, the case will be referred to the Clinical Team for review (Step 4).

## STEP 4: CLINICAL TEAM

The Clinical Team is comprised of representatives from Family and Children First, Capstone, Crawford/Marion Alcohol Drug and Mental Health Board, Community Counseling Services, Children services, Crawford County Board of Developmental Disabilities, Galion Health Department, Crawford County Family Court, Bucyrus City Schools, and Mid-Ohio Educational Service Center.

When a family's needs have been unsuccessfully resolved through agency involvement or the wraparound process the family may be referred to the Clinical Team. The Council Director will place the family on the agenda for the next scheduled meeting of the Family and Children First

# *Crawford County Family & Children First Council*

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Council Clinical Team for the purpose of reviewing, staffing, developing, and implementing a joint service plan for the case.

An emergency meeting can be declared if the Council Director, the parent(s), or any agency(s) believe an emergency is indicated. An agency indicating a need for declaring an emergency should be directly involved with the Clinical Team. An emergency meeting will be called within 7 business days and a crisis plan will be developed.

A copy of the plan will be shared with all agencies that will be participating in the treatment. The agencies will develop their individualized service plans based on the joint service plan.

## DATA COLLECTION AND REPORTING

Quarterly and annual reports determining the number of families served, referral source, reason for referral, and services provided will be collected. A parent satisfaction survey will also be provided to families upon the completion of services. Any collected data will be given to Family and Children First Council and be reported on at Full Council Meetings. The data collected will help to provide a clearer picture of needs within the community and gaps in service delivery. By working collaboratively and creatively the council can begin to invent new approaches to achieve better results for families and children. Any Family and Children First Data will be submitted to the state, upon their request.

## SERVICE COORDINATION MECHANISM TRAINING

Service Coordination Mechanism training is the responsibility of each member agency. Each member agency has identified a lead liaison between Family and Children First and their agency. It is the responsibility of each liaison to ensure their staff members and clients are appropriately trained on the Service Coordination Mechanism. The Family and Children First Council Director will also do periodic presentations to child serving agencies and the Early Childhood Collaborative Committee. The Family and Children First Council Director will meet annually with representatives from each school district to provide training on the service coordination mechanism.

Information regarding Family and Children First and the Service Coordination Mechanism will be provided to families at local community events such as Families in the Park, County Fair, and child abuse prevention activities.

## FISCAL STRATEGIES

Funding decisions for services identified in the family service coordination plan are determined by the funding source and the agencies requirements for each specific fund. The Family and Children First Council Director will approve the use of Family Centered Support Service Funds.

# *Crawford County Family & Children First Council*

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Resources are maximized by ensuring services are not being duplicated. Agencies will collaborate and blend funds to support service coordination on a case by case basis.

By ensuring children remain in their own community, resources are being reallocated from institutional services to community based family centered service. Local mental health services are being funded to help ensure children are able to have their needs met locally.

If an out-of-home placement is being considered a team meeting will be held to discuss options, resources, and funding sources that can be utilized to maintaining the child locally.

Children's Community Behavioral Health funds are utilized for children needing psychiatric services, individual counseling, and mental health assessments.

## DISPUTE RESOLUTION

Crawford County Family and Children First Council acknowledges that conflicts may arise and is committed to resolving all conflict at the lowest possible level and in a timely manner.

Conflicts may arise in three distinct types of situations:

1. The family is in disagreement with one or more agencies;
2. The family is in disagreement with the service plan;
3. One agency is in disagreement with another agency (s) and/or the service plan.

The process for handling each of the above situations is dependent on the premise that individuals will seek resolution through the individual agencies and/or team meetings prior to initiating the formal dispute resolution process. Emergency situations where a child is in imminent danger of abuse or neglect will be reported immediately to Children's Services and/or a local law enforcement agency. Other non-emergency situations will follow the dispute resolution process described below. Informal/formal agency grievance procedures should be utilized prior to initiating the formal dispute resolution process. If a family needs assistance in presenting their concerns within the team setting, they may request a parent advocate or agency caseworker to assist them in presenting their concerns.

Parents will be informed of the dispute resolution process by the Team Facilitator.

Steps to resolve the conflict at the family team level are:

1. The disputing parties in writing will inform the lead case manager of the facts of the conflict.
2. The lead case manager will call a special meeting(s) of the team within five (5) working days of receipt of notification and will facilitate the dispute resolution process. The family will continue to receive services as described in the Family Service Coordination

# *Crawford County Family & Children First Council*

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Plan during this process.

3. When resolution is reached, the parents and the agency representatives will sign the revised Family Service Coordination Plan to acknowledge their commitment to the plan.
4. The lead case manager is responsible for the implementation of the plan.

If this process does not resolve the dispute, the following steps will be taken:

1. The family or agency which disagrees with the Family Service Coordination Plan shall file a written objection to the plan with the Council Director.
2. Upon receipt of the objection or within five (5) working days, the Director shall initiate discussions with each party involved to determine the facts of the case.
3. After determination of the facts and sharing among agencies and families involved, the Director shall schedule a meeting of the parties to the disagreement for the purpose of discussing resolution of the dispute between the two (2) parties.
4. If such efforts prove to be unsuccessful, the Director shall cause the membership of the Clinical Committee to become aware of the facts of the case within five (5) working days. The Clinical Committee will review all the relevant information at the regularly scheduled meeting, which is quarterly (unless an emergency meeting is needed: see below). The Clinical recommendations shall be issued within five (5) working days. Any policy violation dispute not resolved will be referred to the Council Membership to invite suggestions for reaching resolution of the dispute.

Emergency Dispute Resolution: The family or provider brings the emergency situation to the attention of the Council Director (An emergency situation is defined as disruption to an essential service provision which jeopardizes the safety and well being of the child or family). The Council Director will request an emergency meeting of the Clinical committee to review the referral. Time frame for convening this meeting will vary according to situation needs response time but will be scheduled no later than five (5) working days. Once the immediate emergency is handled, and continuing conflict will follow the outlined process.

5. If the parties fail to reach an agreement under the procedure, the matter will be filed with the Juvenile Court within seven (7) days and processed in accordance with Ohio Revised Code #121.38.
6. The Council Director shall keep a record of the results of each step of the resolution process and shall prepare an interagency assessment and a treatment information packet for the court.
7. During the dispute resolution process, families will continue to receive services as

# *Crawford County Family & Children First Council*

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indicated in the Family Service Coordination Plan.

8. A parent or custodian who disagrees with a decision rendered by the Council regarding services for a child may initiate the dispute resolution process. Not later than sixty days after the parent or custodian initiates the dispute resolution process, the Council shall make findings and issue a written determination of its findings.
9. When the Council participants agree by majority vote that reasonable responsibilities are not being shared by member agencies, the State appeals process may be accessed. It is understood that, upon appeal, Cabinet Council decisions may result in a redirection of state funds within a county.
10. Ohio Revised Code #121.38 requires that unresolved issues be referred to the Juvenile Court having jurisdiction of the child for resolution. It further requires that during the period of investigation of the case by the court, that any services provided by any agency prior to the filing of the dispute be continued by the agency until the resolution process is completed. Following the decision of the court, if the agency or agencies providing services during the processing of the complaint are found not to be responsible for providing services, the agency or agencies shall be reimbursed by the agency or agencies found to have responsibility by the court.

Agencies adjudged to have responsibility may object to the determination of the court within a time period prescribed by law. Such objections will be processed under circumstances and by procedures prescribed by Ohio Revised code #121.38.

Throughout the dispute resolution process, services provided to the family will not be interrupted.

Families participating in the Help Me Grow program will refer to the Help Me Grow Policies and Procedures for dispute resolution.

## EVALUATION

The effectiveness of the Service Coordination Mechanism will be evaluated annually and revisions will be made. The Service Coordination Mechanism will be reviewed by representatives from Children Services, Developmental Disabilities, Alcohol Drug and Mental Health, Health, Juvenile Court, Education, Family and Children First Council, and the Early Intervention Collaborative.

## SERVICE COORDINATION MECHANISM DEVELOPMENT

# *Crawford County Family & Children First Council*

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Initially, the full FCFC and small groups (made up of representative of service agencies and members of the Council) met throughout the months of January and February, 1995 to work on the original Service Coordination Plan.

Implementation of the Service Coordination Plan took place on July 1, 1996.

All members of the Executive Council and the Clinical Team were consulted for suggested additions, deletions, and revisions during the months of March, April and May of 2000. The Revised Service Coordination Plan was reviewed by the members and voted upon at the June 2000 Council and Clinical Team meetings.

The second revision of the Service Coordination Mechanism was completed in the spring of 2002 and was authorized by the FCFC and the Clinical Team.

Clinical Team Members met to do plan revision during September and October 2005. The team included Juvenile Court, Children's Services, Community Counseling Services, ADAMH Board and the FCFC Coordinator.

In October 2008, the Service Coordination Mechanism was updated in order to simplify the process and to streamline the accessibility for agencies and families. The team consisted of Juvenile Court, ADAMH, FCFC Coordinator, and MRDD.

In August 2009, the full council suggested a task force be created to review and update the Service Coordination Mechanism. The team members included FCFC, ADAMH, Juvenile Court, and Galion City Schools.

In SFY 2010, the Service Coordination Mechanism was updated in order to satisfy the Ohio Family and Children First Council requirements. The mechanism was reviewed by representatives from Juvenile Court, Children Services, Board of Developmental Disabilities, Crawford-Marion Alcohol Drug and Mental Health, Department of Health, Galion City Schools, Early Intervention/Help Me Grow, Families, and Family and Children First.

*Original: March 1, 1996  
Revision: June 19, 2000  
Second Revision: May 01, 2002  
Third Revision: October 29, 2003  
Fourth Revision: March 22, 2004  
Fifth Revision: October 14, 2005  
Sixth Revision: February, 2008  
Revision: September 9, 2009  
Revision: June 21, 2010*

Crawford County Family and Children First  
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Bucyrus, Ohio 44820  
419-562-1631 fax 419-562-5260  
e-mail: ccfccouncil@hotmail.com

**REFERRAL FORM**

Date of Referral: \_\_\_\_\_

Child(ren)'s Name and DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referral source : \_\_\_\_\_ Phone: \_\_\_\_\_

**PRESENTING CONCERN: (Include reason for referral, current custody status, & Significant History):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Requested Participants</u>	<u>Agency/Relationship</u>	<u>Phone Number:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Suggested Meeting Location and Time: \_\_\_\_\_  
A referral will not be accepted without a completed release of information.

-----FOR FAMILY AND CHILDREN FIRST USE ONLY-----

**Outcome of Referral**

Date referral Received: \_\_\_\_\_ Date of initial Contact: \_\_\_\_\_  
(within 3 days of receiving referral)

\_\_/\_\_/\_\_ 1. Information and Referral      \_\_/\_\_/\_\_ 2. Service Coordination

\_\_/\_\_/\_\_ 3. Wraparound Services      \_\_/\_\_/\_\_ 4. Clinical Team

**Crawford County Family and Children First Council**  
**CONSENT TO RELEASE AND EXCHANGE OF**  
**CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, the \_\_\_\_\_ of  
(Relationship to child)

\_\_\_\_\_ hereby represent that  
(Name of Child) (Date of Birth)

I have legal authority to act on behalf of the above named child and hereby give my consent/authorization to each agency to release and exchange confidential information, regarding this child to the designated representative/s of the following agencies **(indicated with a check mark)** which comprise the Crawford County Family and Children First Clinical Council:

- Crawford County Health Department/ Galion Health Department
- Community Counseling Services, Inc.
- Crawford/Marion Alcohol, Drug Addiction & Mental Health Board
- Crawford County Children Services Board
- Crawford County Department of Job and Family Services
- Crawford County Family and Children First
- Crawford County Juvenile Court
- Crawford County Developmental Disabilities Board
- Crawford County and City School Systems; Mid-Ohio Educational Services Center
- Ohio Heartland Community Action Commission Head Start
- Ohio Department of Developmental Disabilities
- Ohio Department of Youth Services
- Others (pertinent to this specific release): \_\_\_\_\_

Initialed: \_\_\_\_\_

I understand that such information as may be necessary to develop a comprehensive treatment plan for the child will be released and exchanged among the designated representative of the Crawford County Family and Children First Council, and that such information may include, but not be limited to, medical records, psychotherapy records, scholastic/attendance records, psychological reports, Juvenile Court records, and Children Services records.

Other information to be released/exchanged: \_\_\_\_\_

I understand the information to be released includes: (initial appropriate areas)

\_\_\_\_\_ Diagnosis and/or treatment for alcohol and/or drug abuse.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

\_\_\_\_\_ HIV test Results;

\_\_\_\_\_ AIDS/AIDS Related Complex (ARC) diagnosis and/or treatment;

\_\_\_\_\_ Diagnoses and/or treatment relating to other communicable diseases;

(Continue on reverse side)

\_\_\_\_\_ Except as limited as follows: \_\_\_\_\_

Please initial acceptance of the following statements.

\_\_\_\_\_ In the event that the designated representatives of Crawford County Family and Children First Clinical Council are unable to reach agreement on a comprehensive treatment plan for the above named child, I consent to the release and exchange of confidential information to the Crawford County Family and Children First Council for resolution. Per the FCFC Dispute Resolution, if the dispute is not resolved by the FCFC Council the matter will be taken to the Juvenile Court Judge for final disposition.

\_\_\_\_\_ I further understand that information about my child may need to be released to the State Interdepartmental Cluster for Youth Services and/or to the Family and Children First Cabinet Council for the purpose of applying for state funds to be used in the care and treatment of my child.

\_\_\_\_\_ I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it, and that in any event this consent expires automatically as follows: Upon the expiration of ninety (90) days after the date of signing this consent. This release may be revoked by contacting the Crawford County Family and Children First Council Coordinator at 419-562-1631.

A photocopy of this consent to release and exchange confidential information shall have the same force and effect as the original.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent, Guardian, Custodian of Child

\_\_\_\_\_  
Witness

Original: Family and Children First Council  
CC: Agency Representative - Lead Case Manager

Revised: October 16, 2003  
Revision: July 23, 2009

# Crawford County Family Wraparound Team Signature/Confidentiality Page

I understand and acknowledge that all client-specific information, proceedings, documents, records, discussions, opinions, findings, evaluations, and/or actions taken during today's meeting are **CONFIDENTIAL**. Except as required to carry out the duties of my employment, this information is not subject to disclosure - pursuant to Ohio Revised Code Chapters 2305, 2317, 4757, and 5122. I further understand that any breach of this confidentiality is subject to disciplinary action, and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited, and are binding on me even after my involvement with this Wraparound team.

The individuals signing below are members of the team and were a part of the meeting, either in person or by telephone, held on \_\_\_\_\_.

Printed Name	Role	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

**Crawford County Family & Children First Council**  
**Wraparound Child Strength Assessment Form**

Date of Visit: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

**IDENTIFYING DATA**

Family Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School program of child: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Education Level: \_\_\_\_\_ Mother's Education Level: \_\_\_\_\_

Number of Moves in last 5 years: \_\_\_\_\_ Birth Order of Child: \_\_\_\_\_

**Participants**

Name of Respondent: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of other Participants: \_\_\_\_\_

1. The things I like most about my parents, grandparents, brother, sisters are:

2. My life would really be better six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

5. I am happiest when:

6. The best times we have had as a family are:

7. Name some special rules that your family has:

8. Who are persons you call when you need help and want to talk? Who has helped you in the past when you needed help: Who can you REALLY trust?

9. What activities do you and your family enjoy together? What do you enjoy the most yourself?

10. What are our family traditions? In which cultural events does your family participate?

11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additions:

Interviewer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Crawford County Family & Children First Council**  
**Wraparound Child Strength Assessment Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_

1. The things I like to do after school are: \_\_\_\_\_

2. If I had ten dollars, I would: \_\_\_\_\_

3. My favorite TV programs are: \_\_\_\_\_

4. My favorite game at school is: \_\_\_\_\_

5. My best friends are: \_\_\_\_\_

6. My favorite time of day is: \_\_\_\_\_

7. My favorite toy is: \_\_\_\_\_

8. My favorite record/song/music is: \_\_\_\_\_

9. My favorite subject at school is: \_\_\_\_\_

10. I like to read books about: \_\_\_\_\_

11. The places I would like to go in town are: \_\_\_\_\_

12. My favorite foods are: \_\_\_\_\_

13. My favorite inside activities are: \_\_\_\_\_

14. My favorite outside activities are: \_\_\_\_\_

15. My hobbies are: \_\_\_\_\_

16. My favorite animals are: \_\_\_\_\_

17. The three things I like to do most are: \_\_\_\_\_

# Family Wraparound Plan

Child Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present:

Life Domain/ Need	Strength	Desired Outcome	Services/ Support	Person Responsible	Date to be completed	Funding
Individual						
Family						
School						
Mental Health						
Social Recreational						
Legal						

Additional Information:

## Family Wraparound Plan

Next Meeting:

Facilitator Signature: \_\_\_\_\_

Parent/Custodian Signature: \_\_\_\_\_

Youth Signature: \_\_\_\_\_

# Crisis/Safety Plan

Child Name:

Family Name:

Date:

Summary of concerns: #1	
Predict what is likely to happen:	
Prevent:	
Plan:	
Summary of concerns: #2	
Predict what is likely to happen:	
Prevent:	
Plan:	

\_\_\_\_\_  
Parent/Custodian Signature

\_\_\_\_\_  
Date: