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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **King County Superior Court**  **Family Treatment Court**  1211 E. Alder, Room 362  Seattle, WA 98122  206-205-9340  **Valley Cities Wraparound Coordinator**  **FAX: 253-876-3461**  **PHONE: 253-833-0480** | | | | | | | | | | | **Referral Date**: | | | | | | |
|  | | | | | | | | | | | **Referred By:** | | | | | | |
|  | | | | | | | | | | | Name: | | |  | | | |
|  | | | | | | | | | | | Agency: | | |  | | | |
|  | | | | | | | | | | | Phone: | | |  | | | |
|  | | | | | | | | | | |  | | | | | | |
| wraparound Referral | | | | | | | | | | | | | | | | | |
| Mother’s name: (Last, First, M.I.) | | | |  | | | | | | **FTC #:** | | | | | DOB: | |  |
| Address: | | |  | | | | | | |  | | | | | **PHONE**: | |  |
| Father’s name: (Last, First, M.I.) | | | | |  | | | | | **FTC #:** | | | | | DOB: | |  |
| Address: | | |  | | | | | | |  | | | | | **PHONE**: | |  |
| **Reason for referral *(check all that apply)*** | | | | | | | | | | | | | | | | | |
| Children’s needs (education, therapeutic, childcare)  Need for multi-system collaboration/coordination  Maintain child in the home/reunification  Housing | | | | | | | Stabilization of the family  Support identification  Visitation plan issues  DD, DV, MH, medical needs | | Treatment  Medical Coupon or other benefits  Other (specify) | | | | | | | | |
| **Describe top 3 concerns or priorities for Wraparound** | | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | | | | | | | |
| 2 |  | | | | | | | | | | | | | | | | |
| 3 |  | | | | | | | | | | | | | | | | |
| **Besides parents, list all other family members involved** | | | | | | | | | | | | | | | | | |
| *Family Member’s Name* | | | | | | *Relationship* | | *Lives With* | | | | *DOB* | | | | *Phone* | |
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| **What natural supports are already involved in this family’s or child’s life (include school, church, friends, community support)?** | | | | | | | | | | | | | | | | | |
| *Name* | | | | | | | *Relationship to Family* | | | | | | *Phone* | | | | |
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| **Individual & Family Strengths** | | | | | | | | | | | | | | | | | |
| 1 | |  | | | | | | | | | | | | | | | |
| 2 | |  | | | | | | | | | | | | | | | |
| 3 | |  | | | | | | | | | | | | | | | |
| **Summary of this case (include concerns of the family’s previous social worker if this is a new FTC case)** | | | | | | | | | | | | | | | | | |
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