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| **King County Superior Court****Family Treatment Court**1211 E. Alder, Room 362Seattle, WA 98122206-205-9340**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* |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **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* |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **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)** |
|       |