

# WRAPAROUND

## NON-WAIVER ENROLLMENT CRITERIA



Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Date Criteria Completed: \_\_\_\_\_ Wraparound Site: \_\_\_\_\_

- Mental Health Diagnosis (1 pt)
- Substance Abuse Diagnosis (1 pt)

### Please select all applicable emergent needs (1 pt each)

- Self Harm       Sexual Offense       Fire Setting/Property Destruction       Runaway
- Threats of Violence/Violent behavior       Behavior Problems at School
- Imminent Risk of Out-of-home Placement       Active Substance Abuse
- Other – Please specify: \_\_\_\_\_

- School Individualized Education Plan – IEP (1 pt)
- Juvenile Justice Involvement (1 pt)
- Child Welfare Involvement (1 pt)

### Youth's functioning as determined by the CAFAS:

- CAFAS: < 90
- CAFAS: 90 – 100      (1pt)
- CAFAS: 110      (2 pts)
- CAFAS: 120      (3 pts)
- CAFAS: 130      (4 pts)
- CAFAS: ≥ 140      (5 pts) – Please ask Core Provider for CBAY Referral
- CAFAS Score not available

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Total Score: \_\_\_\_\_

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- Disposition:
- Family Accepted
  - Family Refused
  - Did Not Meet Criteria – Referred to \_\_\_\_\_
  - Met Criteria but No Space – Referred to \_\_\_\_\_