Wraparound Note

Youth's Name _____ **DOB** _____

Date of contact _____ **Mental Health Provider** _____

WRAPAROUND SITE

O **CHRIS Kids** O **MAAC** O **Savannah** O **Gwinnett** O **New/Rock** O **WIN Georgia (County**_____**)**

Start Time _____ **End Time** _____ **Amount of time as Crisis** _____ **Non-Crisis** _____

☐ **Face to Face** ☐ **Telephone** ☐ **Email**

O **Youth**
O **Parent/Guardian**
O **Natural Support** _____
O **Informal Support** _____
O **Formal Support** _____

Please write multiple supports in the note's narrative

Location of Contact

O **Home**
O **School**
O **Community**
O **Court**
O **CME**
O **Facility (e.g., PRTF, DJJ, Respite)**
O **Other:** _____

Staff Participating in Contact

O **Family Support Partner**
O **Care Coordinator**
O **Wraparound Supervisor**
O **Youth Engagement Specialist**
O **Lead Family Contact**
O **Other** _____

Please confer with all staff involved so that only one note is submitted per contact.

Service/Support(s) Provided

O **Family Engagement (Initial Meetings)**
O **Family Meeting (Follow-up, Preparation)**
O **Child and Family Team Meeting**
O **Coordination - Specify:**
1. _____
2. _____
O **Crisis/Emergent Support**
O **Other** _____

Current Emergent Needs

New	F/U		New	F/U	
O	O	**Suicide attempt**	O	O	**Intoxicated/under the Influence**
O	O	**Suicidal ideation**	O	O	**Appears psychotic**
O	O	**Homicidal attempt**	O	O	**Combative/destructive behavior**
O	O	**Homicidal ideation**	O	O	**High-risk behaviors toward self (e.g. runaway)**
O	O	**Truancy (2 absences/week)**	O	O	**High-risk behaviors toward others (e.g. gangs)**
O	O	**Failing Academic Grades**	O	O	**Adjudicated - Offense** _____
O	O	**Out of school suspension**	O	O	**Substance Use – Type** _____
O	O	**Expulsion**	O	O	**No emergent needs at this time**
O	O	**Other need(s)** _____			

Wraparound Note (Please write on back of note if more space is needed)

Progress Toward Family's Vision: O **Plan Revision Needed** O **Continue w/ Action Plan** O **Plan Scheduled TBA**

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Staff Signature _____ **Date of Note** _____