



Wraparound Referral Form

All information contained in this document is **strictly confidential**.

MOSAIC Wraparound Program will end on 31st October 2021 and will stop taking new referrals on 1st April 2021.

Referral Source	Date of Referral: _____
Referred by (name): _____	Phone #: _____
Organization/School: _____	Fax #: _____
Job Title: _____	E-mail: _____

Youth Information	
Name of youth: _____	Name of Legal Parent/Guardian: _____
Gender Identity: _____	Parent/Guardian Phone #: _____
Phone #: _____	Language(s) Spoken at home: _____
Date of birth: _____ <small>(mm-dd-yyyy)</small>	_____
School: _____ Grade: _____	_____

Risk level the youth is experiencing of the following risk factors:

Low Moderate High

(Please check the risk factors applicable)

<input type="checkbox"/> Poor school & peer association	<input type="checkbox"/> Violent behaviour	<input type="checkbox"/> Being isolated
<input type="checkbox"/> Substance misuse	<input type="checkbox"/> Mental health difficulties	<input type="checkbox"/> Unlawful risks
<input type="checkbox"/> Other(s): _____		

- The youth is interested in improving their current situation.
- The youth can identify at least one close person they would like to involve in this process to support them to improve their current situation.

Strengths the youth possesses:

Any other information about the youth:
If necessary, attach a letter elaborating on the issues affecting the youth.

- The youth has been informed about and consents to this referral.
- The youth is aware the service will end on 31 October 2021.**
Please attach the Parent Consent Form to this referral.

PLEASE EMAIL COMPLETED FORM TO: wrap@mosaicbc.org or FAX TO: 604-324-4142, ATTN: Youth Programs Manager



Parent Consent Form

Using the Wraparound model, this program works with youth (ages 13-18) to help them achieve their goals. Wraparound is flexible, individualized, and uses a strength-based approach. Assigned MOSAIC Youth Worker(s) assist your child through engagement, team-based planning, implementation, and transition. The program intends to empower youth to explore what their strengths are and how they can use those strengths to achieve their goals. This is an out-of-school program offered by MOSAIC.

The tools used to achieve these goals include:

- 1-1 case management; developing an individualized, goal oriented care and action plan.
- Referrals and accompaniments to other organizations and services.
- Consultation meeting with family members and/or other services providers.
- Access to clinical counselling, peer group activities, and/or field trips.

If you have any questions regarding the program or would like more information, please feel free to contact the program manager, at 604 324 7979 or your child's assigned Youth Worker. **Please note that this program will end on October 31, 2021.**

Please complete the following to indicate your consent for the participation of your child in the Wraparound Program:

I, _____, parent/guardian of _____,
Name of parent/guardian *Name of youth/child*

give my consent that my child participates in the Wraparound Program. This includes sharing and exchanging information with Wraparound team members.

Parent/Guardian signature

Date

Home phone number:	
Work/Cell phone number:	
Emergency contact name:	
Emergency contact phone number:	

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