

**Clackamas County Wraparound
Consent for Care Coordination Eligibility Determination and Services**

Youth's Name: _____	Youth's Legal Name: _____
Date of Birth: _____	Phone: _____
Parent(s)/Guardian: _____	

Your child has been referred to Clackamas County Behavioral Health Division Wraparound Program. This is a voluntary program and you can withdraw your child at any time. During the process, you will be respected and your voice will be heard.

The Wraparound referral process is three (3) steps:

- Referral forms are completed and reviewed for pre-eligibility.
- You and your child will be connected with a Wraparound Referral Coordinator to answer questions that you may have.
- You, your child, and the person who referred your child will meet with the Wraparound Review Committee. The Committee is a group of people from the child service systems across Clackamas County who decide if youth meet the criteria for Wraparound Care Coordination.

If your child is found eligible for Wraparound, a Care Coordinator will contact you to learn about the needs and goals for your child. They will help create a team of people chosen by you and your child. The team will meet often and work together to develop a Wraparound Plan of Care.

All information is kept confidential unless I sign an authorization to disclose or otherwise allowed by law.

By signing below:

- You give permission for your child to participate in the Wraparound referral process to determine eligibility for the program.
- If found eligible, you consent the Wraparound Care Coordinator to provide all activities necessary for care coordination and the planning process.
- You understand that participation in the Clackamas Wraparound Program is voluntary and you can withdraw your consent at any time. Actions taken before consent has been withdrawn cannot be revoked.

_____ Signature of Parent/Guardian	_____ Printed name	_____ Date
_____ Signature of Youth (over age 14)	_____ Printed name	_____ Date