



SYSTEM
OF
CARE

Health is a state of body. Wellness is a state of being.”
- J. Stanford

Wraparound Referral Form



Early Childhood
Enhanced Care



Please email completed form to:

Jamie Gorman
Wraparound Eligibility Coordinator
jgorman@sau36.org
White Mountains Regional School District SAU 36
14 King’s Square
Whitefield, NH 03598
(603) 837-9363 x 120

The Early Childhood Enhanced Care Coordination and the F.A.S.T. Forward (Families and Systems Together) programs serve youth whose needs are not being met by traditional services. Through a youth and family driven Wraparound approach, we connect youth with or at risk for, mental health and related challenges and their families to the community-based services and supports they need.

Access to both programs is determined through a structured eligibility process. If you wish to make a referral it is important that you **discuss it with the family first**. Then, you (or they) can complete and submit this Referral Form and send it to the appropriate individual above.

****Do not share confidential information (e.g., FERPA - or HIPPA-protected information on this form)****

Student Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Referred/Family mailing address: _____

Preferred Name: _____ Age: _____ Grade: _____

School Attended: _____

Parent/Guardian information (best person to contact about the referral):

Parent/Guardian First Name: _____ Last Name: _____

Best contact method: _____ Phone: _____

Referent information:

Name of referent: _____ Referent Title/relationship to student: _____

Referent Phone #: _____ Referent email: _____

Date of referral: _____

Have you already spoken with the youth and/or family member about this referral? Yes No

If so, with whom have you spoken? _____

Why might one of these programs be useful for this family?

(Reminder: *DO NOT* provide confidential information)

