CONNECTED FAMILIES NH
UNDER THE GOVERNANCE OF CHESHIRE COUNTY
MOVING FORWARD TOGETHER

NFI NORTH

NH Wraparound (FAST Forward) Intake and Needs Based Eligibility Form

Please complete this form to the best of your abilities

Referral information

Client ID (If Applicable):
Medicaid ID:
Referral Source:
Referral Date:
Referent Name:
Referent Contact:
Referral type: DCYF ☐ Mental Health ☐ Education ☐ Healthcare ☐ Self ☐ Other: _____
Has the family consented to the referral? Yes ☐ No ☐

Youth Information

Legal first name:
Middle Initial:
Legal Last name:
Youth preferred name:
Personal pronoun (he/she/they/other):
Youth date of birth:
Age:
Preferred written language:
Preferred spoken language:
Youth street address:
City:
State:
ZIP Code:
Interpreter needed? Yes ☐ No ☐
Other accommodations? Yes ☐ No ☐ If yes, explain:

Youth living situation

At time of referral (check all that apply)

Home ☐
Residential ☐
Psychiatric hospital ☐
Youth detention ☐
Foster care (non-relative) ☐
Other (specify below) ☐

Weapons in the home(s)? Yes ☐ No ☐ If yes, how secured?

Caregiver 1 information

Legal first name:
Legal last name:
Primary contact? Yes ☐ No ☐
Legal guardian or responsible party? Yes ☐ No ☐
Relationship to youth: ☐ Birth parent ☐ Step parent ☐ Adoptive parent ☐ Foster parent ☐ Grandparent ☐ Sibling ☐ Other relative ☐ Non-relative not previously listed ☐ Prefer not to answer
Percent time living with this caregiver: 0-24% ☐ 25-49% ☐ 50-74% ☐ 75-100% ☐
Best contact number:
OK to receive texts at this number? Yes ☐ No ☐
Email address:
Preferred written language?
Preferred spoken language:

Interpreter needed? Yes ☐ No ☐

Other accommodations? Yes ☐ No ☐ If yes, explain:

Caregiver 2 Information

Legal first name: Legal last name:

Primary contact? Yes ☐ No ☐ Legal guardian or responsible party? Yes ☐ No ☐

Relationship to youth: ☐ Birth parent ☐ Step parent ☐ Adoptive parent ☐ Foster parent ☐ Grandparent ☐ Sibling ☐ Other relative ☐ Non-relative not previously listed ☐ Prefer not to answer

Percent time living with this caregiver: 0-24% ☐ 25-49% ☐ 50-74% ☐ 75-100% ☐

Best contact number:

OK to receive texts at this number? Yes ☐ No ☐

Email address:

Preferred written language? Preferred spoken language:

Interpreter needed? Yes ☐ No ☐

Other accommodations needed? Yes ☐ No ☐ If yes, explain:

Please attach supporting guardianship documentation or up to date parenting agreements, if applicable

Family and other relationships

First name, last name, age of all siblings:

First name, last name, type of relationship of all other people living in the youth's home(s):

Has the youth or any member of their family ever served in the military? Yes ☐ No ☐

Youth sexual orientation, gender identity, sex at birth

Does the youth think of themselves as (check one): Bisexual ☐ Gay or lesbian ☐ Straight or heterosexual ☐

Something else (e.g., queer, pansexual, asexual) ☐ please specify:

Don't know ☐ Choose not to disclose ☐

Youth's current Gender Identity (select all that apply)

Girl/Woman ☐ Transgender Girl/Woman ☐ Something else (e.g., non-binary, genderqueer, gender fluid) ☐
Boy/Man ☐ Transgender Boy/Man ☐ Choose not to disclose ☐

Sex youth was assigned at birth (check one):

Female ☐ Male ☐ Intersex ☐ Choose not to disclose ☐

Youth ethnicity

Is the youth of Hispanic, Latino/a, or Spanish origin? Yes ☐ No ☐

If yes, which group describes his/her Hispanic, Latino/a, or Spanish origin? (select all that apply)

Central American	☐	Mexican or Chicano	☐	Other Hispanic	☐
Cuban	☐	Puerto Rican	☐	Declined (don't ask again)	☐
Dominican	☐	South American	☐	Unavailable/unknown	☐

Youth race

Which of the following race(s) best describe the youth? (select all that apply)

African American	☐	Guamanian/Chamorro	☐	White	☐
Alaska Native	☐	Japanese	☐	Other Asian	☐
American Indian	☐	Korean	☐	Other Pacific Islander	☐
Asian Indian	☐	Native Hawaiian	☐	Declined (Don't ask again)	☐
Chinese	☐	Samoan	☐	Unavailable/unknown	☐
Filipino	☐	Vietnamese	☐		

Youth and family strengths

What are the youth and family best at? What does the youth/family like to do? What helps them when times are tough? Who can they count on for support?

Youth challenges and concerns

What kinds of difficulties is the youth experiencing? (check all that apply)

☐ Adjustment-related issues	☐ Internalizing behaviors (sad, anxious, withdrawn)
☐ Disordered Eating (Diagnosed eating disorder)	☐ Problems with attention and concentration
☐ Externalizing behaviors (fighting, acting out, delinquency)	☐ School/educational concerns
☐ Family concerns	☐ Sleeping problems (Difficulty falling asleep/waking up)
☐ Gender identity/sexual orientation	☐ Social/friendship concerns
☐ Grief/loss	☐ Substance misuse, abuse, drug dependency
☐ History of Trauma/Victimization/Abuse/Neglect	☐ Suicide, self-injury, self-harm
☐ Intellectual/developmental disabilities	☐ Symptoms of psychosis (hallucinations, delusions, etc.)
☐ Other (please explain):	

Current primary psychiatric Dx: Dx Code(s):

Historical psychiatric Dxs:

ED and hospital visits

How many times has the youth gone to the emergency room for psychiatric reasons in the past *12 months*?

How many times has the youth been hospitalized for psychiatric reasons in the past *12 months*?

How many times has the youth been hospitalized for psychiatric reasons in their *lifetime*?

When was the youth most recently hospitalized for psychiatric reasons?

Residential treatment (including but not limited to foster care, relatives, group home, residential, hospital, detention or emergency shelter; please use comments for additional information)

Name/Type	Reason	Date(s)

Mental health services

Is the youth currently receiving mental health services? Yes ☐ No ☐

Where? Home ☐ Clinic/office ☐

From whom? Community mental health center ☐ Private clinic/therapist ☐

Name of MH agency

What type(s)? Individual therapy ☐ Family therapy ☐ Group therapy ☐

Substance misuse treatment ☐ Day treatment ☐ Case management ☐

Therapist: Phone:

Psychiatrist: Phone:

Case manager: Phone:

DCYF Services

Is the child or youth *currently* involved with DCYF? Yes ☐ No ☐

Type? Juvenile Justice ☐ Child Protection ☐ Post Adoption ☐

CHINS ☐ Delinquency ☐ Assessment ☐

Services? Voluntary Services ☐ Post Adoption Services ☐ Family Service Worker ☐

In home services? Yes ☐ No ☐ If yes, please specify:

DCYF Worker: Phone:

Educational services

Is the youth enrolled in pre-k or school? Yes ☐ No ☐

School: District:

Does the youth receive school services Yes ☐ No ☐

School services (specify IEP or 504 plan):

Primary and secondary IEP coding, if applicable:

School contact person & role:

Contact number for school contact:

Developmental disability services

Is youth receiving developmental disability services? Yes ☐ No ☐ If yes, describe:

Provider: Provider's agency:

Provider contact:

Social/other services

Did the youth/family receive any of the following in the last 12 months (check all that apply)

Medicaid ☐ Supplemental Security Income (SSI) ☐ Food Stamps ☐ Women, infant, and children (WIC) ☐

Private insurance ☐ Temporary assistance to needy families (TANF) ☐ Other ☐ Describe:

Medical/physical conditions

Ongoing medical conditions: Yes ☐ No ☐

If *Yes*, please describe:

Accommodations needed? Yes ☐ No ☐ If yes, please explain:

Medication Allergies: Yes ☐ No ☐

If *Yes*, please describe:

What does youth/family hope – and expect – to get from wraparound?

What would help the youth/family to participate and engage in wraparound?

Additional notes or comments

To be completed by the Intake/Eligibility Coordinator:

Does the youth/family meet the eligibility criteria?	Yes	No
Between the ages of 5-21	☐	☐
Designation of serious emotional disturbance (SED) or at-risk of SED	☐	☐
Multi-system involved (e.g., mental health, educational, medical, developmental disability, JJ, DCYF)	☐	☐
Non-responsive to existing school or community-based services	☐	☐
Medicaid/Home and Community Based Care (HCBC) Eligible	☐	☐

Family needs and circumstances	Low	Moderate	High
Need for immediate front-end stabilization	☐	☐	☐
Complexity of youth/family situation	☐	☐	☐
Barriers/capacity to engage right now	☐	☐	☐
Understanding of wraparound	☐	☐	☐
Hopes/expectations for wraparound	☐	☐	☐

Explanatory comments and notes