WASHINGTON COUNTY
OREGON

Consent For Care Coordination, Screening & Services

My child:_____, date of birth_____, has been referred to Washington County Health and Human Services to determine if he/she/they are eligible for Wraparound.

By signing below, I understand that the Wraparound Review Committee (WRC) of Washington County will conduct a screening to determine if my child meets the criteria for Washington County Wraparound. WRC members are from youth and family organizations—Youth Era and Oregon Family Support Network, Child Welfare, the Juvenile Department, Developmental Disabilities, Special Education, and Washington County Health and Human Services. These representatives may or may not have been previously involved with my child. Committee members may also participate in group consultation with the Washington County Wraparound team. The screening may include a review of documentation provided with the referral. I understand that information discussed for the screening and the results of that screening will be kept confidential unless I sign an Authorization to Disclose Information Form or as otherwise allowed by law.

I understand that if my child is found eligible for Washington County Wraparound, he/she/they will be assigned a Wraparound Care Coordinator. The Wraparound Care Coordinator will assist in identifying needs and goals for my child. I hereby consent to the Wraparound Care Coordinator providing all activities necessary for care coordination.

I understand that participation in the screening is voluntary and hereby give my consent for my child to participate in the screening. I understand that I can withdraw my consent at any time but that actions already taken before I have withdrawn my consent cannot be revoked.

Client Signature	Date
Parent/Guardian Signature	Date
Interpreter Signature (if applicable)	Date

Department of Health and Human Services – Behavioral Health
5240 NW Elam Young Pkwy, Suite 150, MS-70, Hillsboro, OR 97124
Phone: (503) 846-4528 Fax: (503) 846-4560 washingtoncountyor.gov