



SYSTEM OF CARE

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

# Wraparound Referral Form



Early Childhood  
Enhanced Care



Early Childhood  
Enhanced Care Coordination (ages 3-7)  
(please email or mail this form to the address below)  
Kelly Dussault  
Grant Manager  
jkdussault@sau36.org  
White Mountains Regional School District SAU 36  
14 King's Square  
Whitefield, NH 03598  
(603) 837-9363 x 112

F.A.S.T. Forward  
(ages 8-18)  
(please email or mail this form to the address below)  
Chrissy Grant  
Wraparound Coordinator  
cgrant@sau36.org  
White Mountains Regional School District SAU 36  
14 King's Square  
Whitefield, NH 03598  
(603) 837-9363 x 115

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)**