



CHILDREN WITH INTENSIVE NEEDS (CWIN) REFERRAL FORM
Children and families must reside in Montgomery County in order to receive LAM services.

Please fill in all questions.

Date of referral 10/11/11 Child's Name Tyler King
DOB 4-24-94 Age 17 Child's race & ethnicity BLK
Child's current living situation (i.e. parents, hospital, foster care, etc) lives with mother
Name of school John F Kennedy Current attendance status: full-time in a self contained classroom.
Are key school staff (i.e. guidance counselor, PPW, psychologist) involved with this child/family? Yes No
Referral source name & agency PHP Program Zipcode 20815
Relationship to child mother. Phone (w) 240-406-1469 (cell)216-926-2320 Email tking819@yahoo.com
Parent/Guardian Teresa King Phone (h) 301-460-0471 (cell) _____ (w) _____
Address of family 4115 Postgate Terrace Apt# 302 Silver Spring MD Zip code 20906
Parent/guardian race & ethnicity BLK Language(s) english
What is the child's insurance? MA # _____ Private None Care for Kids (MCHP)

Details about child's behaviors and needs, and types of services requested (i.e. parenting, mentoring, out of home, etc.).

Tyler has become more anti-social since their move from Cleveland. He is staying out past curfew and not attending school daily. He has stopped washing his clothes and doing basic hygiene. His mother has found black and mild cigars and suspects he is smoking marijuana. Recently the police have been called by mom to control Tyler after he went into a rage over the cell phone. Tyler is not taking his medication daily and has begun talking about not being around to cause problems. He has made threats in the past with the last one this past January when it was discovered he wasn't attending school and was in danger of failing. In home services are requested to help mom locate resources locally and connecting Tyler and mom to peer support.

Has the child had a psychiatric hospitalization? Yes No Unknown How many times? 3

Where? Cleveland OH Dates/time frames hospitalized 2009-2011

Reason (ie. suicidal, aggression) attempted suicide

Name of current therapist & agency Wendy Ominsky

Phone (w) 301-406 1901 (cell) _____

Name of current psychiatrist & agency Dr Shao

Phone (w) 301 406 1901 (cell) _____

Mental Health diagnosis Severe ADHD , mood disorder

Is the child taking any psychiatric medication? yes Medication/reason abilfy & Adderall xr attention /behavioral

Any prior therapy or medication tried in the past? anger management; ritlian, zapokote

Does the child have any major physical issues? no

Is/was the child involved in any agency/system? DJS Child Welfare MCPS Other Unknown

Agency contact person Samatha Jones Phone (w) 301 787 3900 (cell) 443-356-4876

Is parent/guardian definitely interested in intensive in-home services from Wraparound, if eligible? Yes No

Does caregiver have needs that interfere with caring for child (ie. Mental Health, physical, substance use-related, finances)? no

What are the caregiver's strengths (i.e. resources, involvement, knowledge, housing stability, keeps appointments)?

Strong family and church support; steady employment good follow through.

Do the caregiver(s) and the child get along? No. The mother has problems with Tyler getting a job and keeping his room clean.

Please list 3 strengths that the child has: artistic , good grades, friendly

Do you think the child is 'at risk' of needing an Out-Of-Home placement? Why? Yes, not keeping curfew, suspected of smoking weed.

Has a **licensed clinician** (therapist, psychiatrist) assessed the child as being 'at risk' of a Residential Treatment Center (RTC) placement? * Yes No

*Completion of a Clinical Recommendation Form may be requested with this application if child is at risk of RTC.

Any additional information that would be helpful for us to know?

Mother and son just relocated to this area from Cleveland, OH. Just now establishing informal supports.
