Wraparound Milwaukee
Provider Referral Form

Name: **.Enrollee, .Enrollee**
DOB: 11/21/10 Ethnicity: Caucasian
Gender: Male

Referral Date: 10/22/20
Care Coord:
Supervisor Name: George Benz
Phone No(s): 257-7777 X109; cell, 888-9997
Phone No. 555-5555
Email:
Supv. Email:

Current Placement:

Date	*Type*	*Location*
12/1/19	RCC	Harper House of Nehemiah

Contact Information

Youth	.Enrollee .Enrollee	4753 S. 55th St. Apt 3 Milwaukee, WI 53235
Mother	Therese Enrollee	No address listed Milwaukee, WI 53202
Father	George Enrollee	No address listed

Court Information

Order Type	*Exp:*	*Wrap On Order?*
JIPS		Yes
Settlement Agr	1/1/25	No

School Information

School	*Grade*	*Phone*	*ContactPerson*	*IEPDate*	
Auer Avenue	1st	222	me	4/1/11	
				Spec Ed Types	CD
				Spec Ed Types	N/A
				Spec Ed Types	OHI
Baraboo High School					
Bay View Middle/High School	10th	414-555-8888	Elizabeth Morningstar	4/1/20	
				Spec Ed Types	ED
Bay View Middle/High School					
Bay View Middle/High School	12th				

Strengths/Interests

Needs/Reason for Referral

Benchmarks / Desired Outcomes

Describe Any Safety Concerns

Name of Provider/Agency Being Referred to

Service Code Being Requested

Service(s) Being Requested

Initial family contact needed by (date)

Initial appointment needed by (date)

Special Accommodation Needs, if any