



WRAP AROUND WITH INTENSIVE SERVICES (WISe)

Wraparound with Intensive Services (WISe) is a family-centered, individualized, and strength-based intensive service for Medicaid-eligible children and youth from birth to 21 years old in King County, and non-Medicaid eligible youth in Pierce County.

King County WISe

KCWISe@senecacenter.org

Pierce County WISe

PierceWISe@senecacenter.org

Phone Lines

Main: 206-948-0096

Toll-Free: 833-522-0137

WISe Care Team

Includes:

Mental Health Clinician

Care Coordinator

Family Partner

Youth Partner

Family

Community Support

www.senecafoa.org



SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE



King County WISE Referral Form

Call our main line 206-948-0096 or toll-free line 833-522-0137;

Email: KingWISE@senecacenter.org; or send via confidential fax: 510-830-3596

Date of Referral:	Office Only		
Name of Referent:	INTAKE APPT DATE & TIME:		
Referent Phone No.:	THERAPIST ASSIGNED:		
Referent Email:	SCHEDULED BY:		
Relationship to Client:	SCHEDULED ON:		
CLIENT INFORMATION			
Name:	DOB:	Age:	
Ethnicity:	Primary Language:		
Gender:	Pronouns:		
Child/Youth Primary Address:			
Child/Youth Phone:	Voicemails ok? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Caregiver(s) Name/Relationship to Youth:			
Phone:	Voicemails ok? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email:	Primary Caregiver Language:		
Do you have primary insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Primary Insurance:	Policy/Member Number:		
Other Important Adults/Family Member(s)			
Name:	Relationship to Child/Youth:		
Name:	Relationship to Child/Youth:		
REASON FOR REFERRAL			
Presenting Symptoms (please circle all that apply):			
Suicidal Ideation	Depressed Mood	Tearful/Cries Often	Hyperactive
Suicide Attempt	Social Withdrawal	Easily Distracted	Poor Impulse Control
Physical Aggression	Verbal Aggression	Anxious	Fidgety
Paranoia	Hypervigilant	Obsessive Thoughts	Compulsive Behavior
Self-Mutilation	Phobias	Bedwetting	Nightmares
Hallucinations	Disrupted Sleep	Harmful to animals	Drug Use
Homicidal Ideation	Weight loss/gain	Poor social skills	Disrupted Attachment
Reasons for Referral to Therapy:			
Previous behavioral/mental health treatment? No <input type="checkbox"/> Yes <input type="checkbox"/>			
CONTACT (Check all that apply)			
Best days to contact: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	Time of day: Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evening <input type="checkbox"/>		
INTAKE AVAILABILITY (Check all that apply)			
Best days for meeting: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	Time of day: Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evening <input type="checkbox"/>		



OFFICE ONLY	
Client has active Medicaid with qualifying benefits plan: Yes <input type="checkbox"/> No <input type="checkbox"/>	Eligibility check completed on:
Is client receiving MH services with another agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Notes:	

CLIENT CONTACT & INTAKE TRACKER (OFFICE ONLY)				
Date of Contact:	Staff Reaching Out:	Intake Date Offered:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	If Decline, reason why:
Date of Contact:	Staff Reaching Out:	Intake Date Offered:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	If Decline, reason why:
Date of Contact:	Staff Reaching Out:	Intake Date Offered:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	If Decline, reason why:
WISe Only: Initial CANS screening done? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date completed:	
Notes:				