WRAPAROUND 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

Pierce County WISe Referral Form

Call our main line 206-948-0096 or toll-free line 833-522-0137;
Email: piercewise@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 ☐ No ☐	
Primary Caregiver(s) Name/Relationship to Youth:		
Phone:	Voicemails ok? Yes ☐ No☐	
Email:	Primary Caregiver Language:	
What school does the youth attend?		
Do you have primary insurance? Yes ☐ No ☐	Primary Insurance:	
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 ☐ Yes ☐

CONTACT (Check all that apply)	
Best days to contact: M ☐ T ☐ W ☐ Th ☐ F ☐	Time of day: Mornings ☐ Afternoons ☐ Evening ☐

INTAKE AVAILABILITY (Check all that apply)	
Best days for meeting: M ☐ T ☐ W ☐ Th ☐ F ☐	Time of day: Mornings ☐ Afternoons ☐ Evening ☐