

# CONFIDENTIAL

Authorization #

## Wraparound Funding Request Form for Jones County Children

Child's Name:	Birth Date:	
Is this child a Jones County resident? <input type="checkbox"/> Yes <input type="checkbox"/> No* [*If "No," funding cannot be requested.]		
What is the child's mental health diagnosis? <input type="checkbox"/> Assessment Pending		
Who made this child's diagnosis?		
Provide a brief description of the child / family situation:		
Parent / Guardian Name:		
Address:		
Phone:	Email address:	
What school does this child currently attend?	In what grade is this child?	
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Funding Need	Service Provider	\$ Amount
<input type="checkbox"/> Prescription Medication		
<input type="checkbox"/> Assessment		
<input type="checkbox"/> Medication Management Appointment		
	TOTAL AMOUNT REQUESTED	⇒
	FINAL TOTAL EXPENDITURES	⇒

Is this an ongoing need ?
What outcomes are expected as a result of the wraparound funding?
<input type="checkbox"/> Wraparound funding will help prevent an out of home placement.
<input type="checkbox"/> Wraparound funding will reduce the length of stay in placement.
<input type="checkbox"/> Wraparound funding will assist a child returning home from placement.
<input type="checkbox"/> Wraparound funding will prevent a child from becoming expelled from school or dis-enrolled from another community program.
<input type="checkbox"/> Other (Describe)

NOTE: FUNDING IS AVAILABLE from March1, 2009 through June 30, 2009 OR UNTIL FUNDING IS EXHAUSTED.

Have **ALL** other funding resources been explored i.e., Hawk I, T19, Private insurance)?  
Please explain below:

Name of referring worker:

Agency (if applicable):

Phone:

Does this child meet the Iowa definition of SED (Serious Emotional Disturbance)?  Yes  No\*  
[\*If "No," an assessment must be pending.]

**RELEASE OF INFORMATION STATEMENT:**

*I understand that protected mental health information is being released to Jones County General Assistance. I authorize the release or exchange of relevant information among agencies for the purposes of coordinating community services. I understand that Federal Law prohibits any further disclosure of this information.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Forward this form to the SED Service Coordinator for funding authorization:

Deborah Schultz  
Jones County General Assistance  
105 Broadway Place Suite 2  
PO Box 427  
Anamosa, IA 52205  
Phone: 319-462-4457  
Fax: 319-462-5804  
CPC53@co.jones.ia.us

Authorization Signature:

Date:

FOR OFFICE USE ONLY!

Approved  Denied