

**COOS COUNTY - SYSTEM OF CARE/WRAPAROUND
BARRIER IDENTIFICATION FORM**

Date:

Barrier Categories:

- Services and Supports (access and quality)
- Child and Family Team Meeting (process, protocol, and functioning)
- Roles and Responsibilities (who does what, collaboration, follow through)
- Legal Mandates
- Policies and Procedures (laws, state & agency rules)
- Cultural & Linguistic Competence
- Other:

Description of Barrier:

Recommendations:

My Role is:

- Care Coordinator
- Mental Health
- Physical Health
- Education Representative
- Developmental Disabilities
- Department of Human Services
- Juvenile Justice
- Family or Family Representative
- Youth or Youth Representative
- Other

Yes, I would like follow up:

No, I do not want follow up.

(Name)

(Contact Information)

Please do not include Protected Health Information on this form!