



# Wraparound Services Request Form

Please fill out the below information regarding wraparound services for your assigned cases.  
Send it to:

M-F, 8am-5pm: [astewart@josephinecounty.gov](mailto:astewart@josephinecounty.gov)

M-F, 5pm-8am and weekends: [aperry@josephinecounty.gov](mailto:aperry@josephinecounty.gov)

**Case Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Okay to reach out to case?** Yes = the service provider will call the case directly.  
No = we will coordinate services through the assigned contact tracer.

Yes       No

**This case needs:**

- Thermometer
- Oximeter
- Other specify: \_\_\_\_\_

**This case is experiencing:**

- Food insecurity
- Housing insecurity
- Employment insecurity
- Lack of medical insurance
- Lack of wages due to Covid isolation/quarantine

Other: