Barrier Submission Form
Please do not include Protected Health Information on this form

Date: Click here to enter text.

County affected by the barrier: ☒ **Linn** ☐ **Benton** ☐ **Lincoln** ☐ **Other:** Click here to enter text.

Age of individual affected by the barrier:
☐ **0-5**　　☐ **6-11**　　☐ **12-18**　　☐ **Above 18**　　☐ **Other:** Click here to enter text.

Type of barrier (check all that apply):
☐ **Services and Supports (access, setting, location, quality, gaps or funding)**
☐ **Policies and Procedures (system or agency specific)**
☐ **Team Meetings Serving Youth and Families (process, protocol or functioning)**
☐ **State and Federal Rules (FERPA, HIPAA, mandates, laws or policies)**
☐ **Cultural and Linguistic competence**
☐ **System Collaboration (lack of coordination or communication between systems or agencies)**
☐ **Roles and Responsibilities (who does what)**
☐ **Engagement (family, community or child/youth)**
☐ **Housing instability**
☐ **Transportation**
☐ **Childcare**
☐ **Food insecurity**
☐ **Other:** Click here to enter text.

The barrier is related to the following system (check all that apply):

☐ **Education**	☐ **Developmental Disabilities (DD)**
☐ **Juvenile**	☐ **Child Welfare**
☐ **Foster**	☐ **Mental Health**
☐ **Physical Health**	☐ **Wraparound**
☐ **Family**	☐ **Other:** Click here to enter text.

Description of barrier (2 or more sentences):

Recommendation (please include suggestions on how to overcome barrier, if any):

Section 2: Optional

Is the individual affected by the barrier on a wait list? ☐ Yes ☐ No

What type of waitlist? Click here to enter text.

What type of insurance does the individual affected by the barrier have?
☐ **IHN-CCO (OHP)** ☐ **Open Card (OHP)**
☐ **Other CCO** ☐ **Private insurance**
☐ **No insurance** ☐ **Other:** Click here to enter text.

Location or placement of the individual affected by the barrier?
☐ **Home** ☐ **Foster (currently residing in a foster home)**
☐ **Youth Shelter (currently residing in a youth shelter)**
☐ **Homeless (currently residing in a campground, vehicle, or friend's couch)**
☐ **Other:** Click here to enter text.

Name of individual submitting form: Click here to enter text.

If applicable, organization or role: Click here to enter text.
Click here to enter text.
Contact Information (phone or email): Click here to enter text.

Additional information: Click here to enter text.