

CIRCLE OF SUPPORT



LORAIN COUNTY
YOUTH & FAMILY
COLLABORATIVE

Youth Name: _____

Team Lead: _____

Job Title: _____

Agency: _____

Phone: _____

Email: _____

Notes: _____

Crisis Services/MRSS

988 or 1-888-418-6777

MRSS Support Person: _____

Phone: _____

Notes: _____

Home Public School: _____

School Contact: _____

Phone: _____

Email: _____

Specialized School: _____

School Contact: _____

Phone: _____

Notes: _____

Pediatrician: _____

Hospital System: _____

Phone: _____

Psychiatrist: _____

Hospital System/Agency: _____

Phone: _____

Notes: _____

Care Management: _____

Coordinator: _____

Phone: _____

Notes: _____

Lorain County Children Services

Caseworker: _____

Phone: _____

Notes: _____

Lorain County Board of Development Disabilities

DD Contact: _____

Phone: _____

Notes: _____

Lorain County Juvenile Court

Program: _____

Contact: _____

Notes: _____

Behavioral Health Agency: _____

Therapist: _____

Phone: _____

Notes: _____

Informal Supports/Mentor: _____

Agency: _____

Phone: _____

Notes: _____

Other Important Contacts
