

## PARTNER ORGANIZATIONS

Calvert County Family Network/  
Local Management Board

Calvert County Public Schools

Calvert County Health Department

Calvert County Developmental  
Disabilities Association

Calvert County Department  
of Social Services

Calvert County Department  
of Juvenile Services

Calvert County Local  
Core Services Agency

Calvert County Division of  
Rehabilitation Services

Maryland Coalition of Families

Center for Children

Southern MD Community Network

To make a referral and receive a full application packet, fill out the form on the back of this page and return it to the address below.

**Ariane Odom**

Local Care Team Coordinator

P.O. Box 90, Prince Frederick, MD 20678

Ariane.Odom@calvertcountymd.gov

### For more information contact:

**Ariane Odom**

Local Care Team Coordinator  
Ariane.Odom@calvertcountymd.gov  
www.co.cal.md.us  
410-535-1600, ext. 8807

**Nikki D'Angelo**

Local Care Team Chair

### Calvert County Family Network

30 Duke St., Suite 102  
Prince Frederick, MD 20678  
www.co.cal.md.us  
410-414-5997

### Governor's Office for Children

100 Community Place,  
Crownsville, MD 21032-2023  
www.goc.maryland.gov  
410-697-9235

**CCFN**  
Calvert County Family Network



# CALVERT COUNTY LOCAL CARE TEAM



Striving to bring families to the table for collaboration to help children and communities

## THRIVE



## HOW CAN I FIND HELP FOR MY CHILD BEFORE IT'S TOO LATE?

- Are you struggling with a child or teen whose educational, emotional, mental and/or legal issues are putting him/her and your family at risk?
- Have you sought solutions to ongoing behavioral issues with no success?
- Are you seeking answers to assist your child/teen with behaviors that could lead to serious consequences?
- Are you trying to prevent your child/teen from embarking on a path of negativity that they may not be able to bounce back from?



**We Are Here To Help!**

The Local Care Team works with parents, guardians and other adults on children's behalf. The purpose is to open doors, brainstorm and share knowledge.

## ABOUT THE CALVERT COUNTY LOCAL CARE TEAM

The Calvert County Local Care Team is an interagency team that functions as a collaboration of helping hands dedicated to providing families of youth with intensive needs with the resources necessary to find success. The LCT will ensure information from various providers is presented in order to shed light on possible community resources, services and/or supports available. It's an opportunity to have all of the agencies in one place and ask questions in a family-friendly environment. Our goal is to provide assistance to identify and secure resources that meet their individual needs.

### Our Local Care Team Will:

- Help children with intensive needs receive assistance with the identification of needs and potential resources.
- Hold discussions to problem solve systemic needs.
- Refer children and families to care management entities when appropriate.
- Open doors to make connections to available local and community resources.
- Discuss a request for a Voluntary Placement Agreement for a child.
- Listen to concerns or worries.

### To be eligible for assistance through the Local Care Team you must:

- Live in Calvert County
- Be struggling with multiple areas of need.
  - If your family only has one need (e.g., energy assistance only), please contact the Calvert County Department of Community Resources at 410-535-1600, ext. 8803 during normal business hours. You may call 211 (Health & Human Resources Warm Line) for appropriate support after business hours.
- Be willing to participate in the process and communicate your intent to follow through with recommendations with support from the Local Care Team.

## OBTAINING SERVICES

In addition to provider-based referrals, families may self-refer to the Local Care Team (LCT). Call 410-535-1600, ext. 8807 to request an information packet.

### To make a self-referral to the Calvert County Local Care Team:

- Request an appointment to be added to the next LCT meeting agenda.
- Complete referral/case summary form. Be sure to complete all sections and include all relevant supplemental documents in your return packet such as:
  - Educational reports or IEP information
  - Up-to-date psychological or psychiatric evaluations
  - Court order
  - Hospital discharge summaries
  - Medical reports
  - Recommendations for treatment

This will ensure that all needs are presented to the committee.



## MAKE A REFERRAL

*(See reverse side for contact information)*

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

### Name of Person/Agency Referring

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Meeting Purpose:

*(Please check the appropriate boxes)*

- Resources and referrals to services
- Interagency discussion and problem solving
- Training & technical assistance to local agency and community partners
- Voluntary Placement Agreement
- Other (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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