



Behavioral Health Division

Referral Form

NOTE: Individual being referred **MUST be informed of referral prior to submitting.**

Today's Date:		Referral Source: <input type="checkbox"/> Agency <input type="checkbox"/> Self			
		Individual is aware they are being referred: <input type="checkbox"/>			
Referral Source Information (only required if another agency is referring):					
Agency or Individual's Name:		Telephone Number:	Email:		
Client Demographics:					
First Name:	Last Name:		M.I.	Gender:	DOB:
Address (Street, City, Zip):		Telephone Number:	Alternate Telephone Number:		
County of Residence:		Best time to reach client:			
Legal Status: <input type="checkbox"/> Responsible for Self <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Activated POA-HC <input type="checkbox"/> Minor					
Guardian/POA/Parent Name (if applicable):			Guardian/POA/Parent Telephone Number:		
We offer a variety of services and programs, if you are only seeking counseling at this time, please check appropriate boxes:					
<input type="checkbox"/> Referral is for Outpatient Counseling Only: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Both <input type="checkbox"/> Referral is for other program services					
Briefly describe why the referral is being made and expected outcomes:					
Insurance Information:					
<input type="checkbox"/> No Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare Name of Insurance/HMO:					
Crisis Information:					
If you or the individual you are referring is experiencing a mental health or substance use crisis and need immediate assistance, you may call the following crisis line telephone number: (888)552-6642					
Additional Information:					
A staff member from the Behavioral Health Division of Jackson County DHHS will contact the referred individual (or parent/guardian) within 3-5 business days to collect further information. Your referral information will be reviewed by our team of professionals and appropriate follow-up will be completed. Outcomes of referral will not be shared without a signed Release of Information from the referred individual (or parent/guardian).					