



# 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"/>		
<b>Referral Source Information (only required if another agency is referring):</b>				
Agency or Individual's Name:		Telephone Number:	Email:	
<b>Client Demographics:</b>				
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:	
<b>We offer a variety of services and programs, if you are only seeking counseling at this time, please check appropriate boxes:</b>				
<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				
<b>Briefly describe why the referral is being made and expected outcomes:</b>				
<b>Insurance Information:</b>				
<input type="checkbox"/> No Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare    Name of Insurance/HMO:				
<b>Crisis Information:</b>				
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: <b>(888)552-6642</b>				
<b>Additional Information:</b>				
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).				