"Helping people live their own best lives"

JAMHI FAMILY REFERRAL FORM

Referral Date Services or Support Requested

YOUTH INFORMATION

First Name Last Name

Date of Birth Gender Identity

Sex Assigned at Birth Ethnicity
School Grade

Current Physical Address

Phone Email

GUARDIAN INFORMATION

Parent/Legal Guardian #1 Parent/Legal Guardian #2

Phone Phone Address Address

REFERRAL SOURCE INFORMATION

Name of person referring youth Relationship to youth

Phone Email

Fax Is guardian aware of referral?

Please include the following information or documents (if available):

- Signed JAMHI release of information for person making referral (if not parent/legal guardian)
- Psychological and/or psychiatric evaluations
- Discharge summaries from past services, previous placements and/or treatment plan reviews
- Placement history (ex. Foster homes, hospitals, residential treatment, relatives, etc.)

Submit this form by one of these methods:

- Email: records@jamhi.org
- Fax: 907-789-3003
- Mail: 2075 Jordan Avenue, Juneau, AK 99801