JAMHI Health & Wellness, Inc.

"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: 8251B Glacier Hwy, Juneau, AK 99801**

JAMHI Family
8251B Glacier Hwy
Juneau, Alaska 99801

Phone (907) 463-6877
Fax (907) 789-3003
jamhihealthandwellness.org