



Leader in
Social Justice

Date of Referral

Please ensure person/parent/guardian/caregiver voluntarily agrees to this service and referral

Please EMAIL Referral Form & Documents to: Fran Gannon, LMFT at fgannon@jri.org or FAX at (617) 522-0652

- For Mass Health: Youth is under 21, For BHCA Commercial plans Youth is under the age of 19
- Youth meets medical necessity criteria.
- Youth's parent/guardian voluntarily agrees to participate in services and to provide consent.
- FP referrals are made by youth's Outpatient Therapist, IHT, or ICC. Please attach a copy of the CANS, Comprehensive Assessment, and current Individualized Action Plan.
- include a Release of Information with the referral.

Intensive Care Coordination (ICC)

Family Support & Training (FP)

FIT Services

Person Being Referred Information

Preferred Language

Preferred Name

First Name

Last Name

D.O.B.

Address

Home Phone

Cell Phone

Primary Insurance

Policy #

Secondary Insurance

Policy #

Email

Racial Identity

American Indian, Alaskan Indian or Indigenous North American

Asian or Asian American

Black or African American

Latino/a/x or Hispanic

Native Hawaiian or Other Pacific Islander

White or European American

Multiracial

Declined to Specify

Not listed, please specify

Ethnic Identity

Latino/a/x or Hispanic

Not Latino/a/x or Hispanic

Declined to Specify

Gender Identity

Cisgender Woman/Girl

Cisgender Man/Boy

Genderfluid

Genderqueer

Non-Binary

Transgender Man/Boy

Transgender Woman/Girl

Declined to Specify

Not listed, please specify

PCP

Last Physical

Allergies/Medical Condition

Sexual Identity (please self-describe)

Prefer not to say

Preferred Pronouns

Parent/Guardian Information ([check here if person is adult/own guardian and skip to next section](#) **)**

Preferred Language

First Name

Last Name

Relationship to Child

Address

Home Phone

Cell Phone

Other Phone

Legal Guardian (same as above)

Physical Custody (same as above)

Where does child currently live?

With Parent(s)/Guardian(s)

Foster Home

Group Home

Other

What school does youth attend?

Grade

IEP/504

Person Making Referral ([check here if self-referred](#))

Name and Role	
Organization	Work Phone
Address	Cell Phone
Email	

Service Preferences: (Please note: we will accommodate based on clinical appropriateness and program capacity)

Preferred contact and appointment times					
Preferred location for services	Office	School	Home	Telehealth	Other:
Accessibility Needs			Language or Communication Access Needs		
Brief description of your concerns and goals in referring this person (please include any current safety concerns):					

Known Services/Agency Involvement:

	Past	Current	Unknown	Contact Person and Telephone and/or email
Department of Children & Families (DCF)				
Department of Mental Health (DMH)				
Department of Youth Services (DYS)				
Child Requiring Assistance (CRA)/Court				
In Home Therapy/Family Stabilization Team				
Therapeutic Mentoring/Other Mentoring				
In-Home Behavioral Services				
Therapy/Counseling/Outpatient Services				
Psychopharmacology/Psychiatry Services				
Hospitalized				
ICC/FP				
ER visit or screened in last 6 months				
Other:				

History of Psychiatric Diagnosis:

Please list any known diagnosis, who generated the dx/when: (required for TM/FST referrals):						
Risk Factors:	DV	Mental Illness	Substance Use	Abuse	Neglect	Medical Issues
	Cultural Factors	Suicidal/Homicidal Ideation		Psychiatric ER visit or screened in last 6 months		
	Psychiatric ER visit or screened in last 6 months			History of Psychiatric hospitalization		
	Other:					

Accepted Insurances for JRI: (eligibility based on plan coverage)

Mass General Brigham Health Plan (Mass Health) • Mass General Brigham Health Plan Commercial • Wellsense/Carelon (Mass Health) • Wellsense/Carelon (Commercial) • Wellsense/Fallon (Mass Health) • Wellsense/Fallon Commercial • Blue Cross Blue Shield of MASS • GIC Unicare (Commercial) • Harvard Pilgrim • MBHP/Massachusetts Behavioral Health Partnership • Medicaid • Medicare • United Healthcare • United Behavioral Health • Tufts Public Health Plan (Mass Health), and Tufts Commercial