



Referral Form

First/Last Name: _____ **Phone Number:** _____

Current Address: _____ **Date of Birth/Age:** _____

Guardian if under age 18: _____ **Social Security Number:** _____

Funding Source: Self-pay - Insurance - Other _____

Medicaid Information: _____

Referred From: (please specify Probation Department, Self, DHHS, Agency, FOC, other)

YAVFC Eligible: Yes ___ No ___ If no, why? _____

YIT Eligible: Yes ___ No ___ If no, why? _____

Services Requesting:

Transitional Housing _____ Peer Support Specialist _____ Life Skills Coaching _____

I _____ hereby authorize the Michigan Department of Health and Human Services to release the information requested on this document to River Jordan Inc.

Recipient's Name (Print): _____

Recipient's Signature: _____ **Date:** _____

If under age 18, Guardians Name (Print): _____

If under age 18, Guardians' Signature: _____ **Date:** _____

MDHHS Worker Name (Print): _____

MDHHS Worker Signature: _____ **Date:** _____

Picture I.D attached _____ Does not have a picture I.D _____



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