



Justice Related Services Referral Form

Northampton, PA

Please send referral and most recent psychiatric and medical evaluations to: jrsnorthleadership@accessservices.org

*If you do not have a recent psych/medical eval we will help you obtain one. For questions, please call: 610.500.2111 ext. 1.

Date of Referral: _____

Individual's Information

Name: _____ Date of Birth: _____ Gender: _____

Social Security Number: _____ Race/Ethnicity: _____ Hispanic: ☐ Yes ☐ No

Language Spoken (other than English): _____ Marital Status: _____

Address (*if homeless or currently looking for residential, last known address*):

Phone: _____ Cell (Texting Number): _____

Preferred Method of Contact: _____ Email: _____

Reason for Referral

☐ Re-Entry Planning from jail ☐ Frequent Police Contact ☐ In need of Mental Health Services

☐ Probation ☐ Housing Support ☐ Other, *please specify*: _____

Mental & Physical Health Information

Self-reported Mental Health Diagnosis: _____

Mental Health Diagnosis Medically Documented: _____

Medical Diagnosis: _____

Current Medications:

Any Limitations or Accommodations (Physical, Mental)? _____

Benefit Information

☐ Magellan ☐ County Funding ☐ Medicare ☐ Private, what company? _____

☐ Uninsured ☐ Pending Medical Assistance Application, Date applied: _____

Housing Status

☐ Homeless – *sleeping in shelters, places not meant for human habitation (cars, streets, abandoned buildings*

☐ At risk of homelessness – *house has been condemned, received eviction notice, can't afford bills, etc.*

☐ Unstable housing, explain: _____

☐ Pending residential application, which and where? _____

Contact information for pending residential application: _____

Forensic Status (Check all that apply):

☐ Incarcerated – Min Date: _____ Max Date: _____

☐ Not Sentenced – Date of next court hearing: _____ *What type of hearing is it?* _____

☐ Probation/Parole ☐ Mental Health Court ☐ Drug Court ☐ Other: _____

Probation/Parole Officer: _____ *Phone:* _____

☐ Coordinate expedited release or discharge from incarceration or hospitalization.

☐ Frequent police contact in the community.

Current Services and Supports Information

☐ Emergency Contact – Name: _____ Phone: _____

☐ Recovery Coach or Case Management - Name: _____ Phone: _____

☐ Therapist - Name: _____ Phone: _____

☐ Psychiatrist - Name: _____ Phone: _____

Additional Comments or thoughts:

Referral Source Information

Name of Referral Source: _____ Organization: _____

Nature of Relationship to Person Referred: _____

Phone: _____ Email: _____

*Signature of Referral Source: _____ Date: _____