

## Family Service & Children's Aid JUMP- Just Understand My Potential



Student Referral Form (Please mark any that apply) — Substance Use — Anger Management

— JUMP Assessment

\*Was there any police involvement?  $\Box$  Yes  $\Box$  No

## **Referral Guidelines**

1. To refer a potential student, please complete this form and return it, along with the following:

a. A copy of the school's **<u>Release of Information</u>** signed by the student's parent or legal guardian

b. Copy of the MAYSI Screener

— Truancy

2. FSCA will contact the family and schedule an assessment within 48 hours of receiving this Referral Form.

**3.** FSCA will follow up with the school contact person listed on this form within 48 hours of the referral.

Email: JUMP@strong-families.org Fax: 517-787-2440 Phone: 517-612-2530

**Referral Source Information** Date of Referral: Name of School: Referring Staff: \_\_\_\_\_ Phone Number: Staff Email: \_\_\_\_\_ **Student Information** Student's Birthdate: Name: \_\_\_\_\_ Gender: Current Grade: Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: Phone Number: Reason for referral for JUMP Intervention (briefly describe current concerns and/or behavior present):