

Thank you for submitting a referral on behalf of your student to IEHP's Community Behavioral Health, Health Navigator Team. Feel free to leave areas blank if the response is unknown.

| lame of student: | | DOB: | | |
|--|---------------|------------|--------------|--|
| Student's preferred name: | | Student | t's pronoun: | |
| Does the student have health insuranc | e? | Yes | Νο | |
| Is the student an IEHP member? | • | Yes | Νο | |
| What is their IEHP ID? | | | | |
| Referring school: | | | | |
| Referring school district: | Referring sch | ool staff: | | |
| Contact phone number/email address of referring staff: | | | | |
| Parent/caregiver name and phone number: | | | | |
| If known, the best time to call the parent/caretaker: | | | | |
| Primary language of the parent/caregi | ver: | | | |

| Is the parent/caregiver aware of the referral to the HN program? | Yes | Νο |
|--|-------|----|
| If no, please explain: | | |
| | | |
| Is the student pregnant or a parent? | Yes | Νο |
| I. Reason(s) for the referral (check all that app | oly): | |
| Assistance required to help the student/ family apply for insurance coverage: | Yes | Νο |
| Concerns related to accessing care with medical providers/PCPs/specialists: | Yes | Νο |
| Concerns related to accessing care with behavioral health providers: | Yes | Νο |
| Concerns related to accessing care with substance use providers/programs: | Yes | Νο |
| Concerns related to gaps with immunizations/vaccines: | Yes | Νο |
| Assistance with navigating health plan benefits (vision/dental/medical): | Yes | Νο |
| Resources for a family that may not be eligible for insurance coverage: | Yes | Νο |

Any other relevant information that can help the Community Behavioral Health Team get the student or family appropriate resources, services and treatment:

II. Behavioral Health concerns?

* Any behavioral health concerns for JUSD students will be first addressed by JUSD Behavioral Health Staff*

| Do you have any Behavioral Health concerns? | Yes | Νο |
|--|---|----|
| *Please ensure you complete the JUSD Behavioral Health Interest Form after submitting this form* | Behavioral Health Services Interest Form | |

III. Is the student experiencing any of the following social determinants of health needs?

| Homelessness/risk of homelessness: | Yes | Νο |
|------------------------------------|-----|----|
| Food insecurities: | Yes | Νο |
| Transportation needs: | Yes | Νο |
| Financial hardships: | Yes | Νο |

