JUVENILE JUSTICE REENTRY CARE COORDINATION REFERRAL

Michigan Department of Health and Human Services

Name of Person Making Referral	Phone Number	Email Address
Relationship to Youth	Name of Youth Being Referred	Which of the following applies to this Youth: ☐ Juvenile Justice ☐ In foster care ☐ Adopted

Date of Referral	What is the Youth's Age?	What is the Youth's Sex?	What is the Youth's Race/Ethnicity?
MiSACWIS Person ID	DOB	Referral/Commitment County	Has the Youth even been in foster care? (Y/N)
Facility Name			Phone Number

Facility Case Worker	Phone Number	Facility Case Worker Email
JJS or Court Worker	Phone Number	JJS or Court Worker Email
Foster Care Worker	Phone Number	Foster Care Worker Email

Estimated Release Date	Next Review Hearing or Court Date	Planned Reentry County

Type of Facility (Check one)

☐ State Run Juvenile Justice Facility ☐ Private Juvenile Justice Facility ☐ Other _____

Youth Eligibility Criteria (Check all that apply and describe)

- ☐ Documented Disability
- ☐ Diagnosed Mental or Behavioral Health Disorder
- ☐ Physical Health Impairments
- ☐ In need of three or more community-based supports
- ☐ Determined medium or high risk by MJJAS at intake (provide copy of assessment)

Placement upon release is in Michigan and placement type is one of the following:

- ☐ Parental home
- ☐ Licensed/unlicensed relative
- ☐ Legal guardian
- ☐ Adoptive home
- ☐ Licensed unrelated foster home
- ☐ Independent living
- ☐ Unrelated caregiver
- ☐ Emergency shelter home/facility

Identify natural supports such as family members, fictive kin, etc. Include contact details (phone, email)

Please send this form and completed DHS-1555-CS via Email or fax to:

Michigan Public Health Institute **2436 Woodlake Circle, Suite 300, Okemos, MI 48864**

Phone: 517-230-9702 **Fax: 517-324-0260** **Email: vwalker@mphi.org**