



**BH-JI Referral Form**

Date of referral: \_\_\_\_\_

Client's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Female Male Transgender F to M Transgender M to F Other \_\_\_\_\_

Address: \_\_\_\_\_

City, Town, Zip code: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_ Secondary Contact # \_\_\_\_\_

Social Security #: \_\_\_\_\_

MassHealth Insurance ID #: \_\_\_\_\_

Anticipated Date of Release \_\_\_\_\_ Parole or Probation Supervision Yes No

Referring Justice Entity: \_\_\_\_\_

Referring Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Referring Person's Concern:

Mental Health Substance Use Co-Occurring Disorder

Criminogenic Risk Score (if available): \_\_\_\_\_

Completed Eligibility Form, *attached* Yes No

Day of Release Plan, *attached* Yes No

Signed Release of Information, *attached* Yes No

PsychSocial Assessment, *attached* Yes No

Medication List *attached* Yes No

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Gosnold BH-JI Program serves the following towns of residence:

**Barnstable County:** Bourne, Sandwich, Falmouth, Mashpee, Barnstable, Yarmouth, Harwich, Dennis, Brewster, Chatham, Orleans, Eastham, Wellfleet, Truro and Provincetown

**Dukes County:** Aquinnah, Chilmar, Edgartown, Gosnold, Oaks Bluff, Tisbury (Vineyard Haven), West Tisbury and Wampanoag Tribe of Gayhead

**Nantucket County**

Please fax completed referral to 508.540.2143 or

if emailing a referral, please send via secured email to: [BHJI@gosnold.org](mailto:BHJI@gosnold.org)

For any referral or program-related questions, Contact Suzanne McCormack, Director of BH-JI and CP, at [smccormack@gosnold.org](mailto:smccormack@gosnold.org) or 508.540.6550 ext 5023