



PO Box 285 • Corvallis, OR 97339  
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[www.jacksonstreet.org](http://www.jacksonstreet.org)

## Outreach Case Management Referral

School/Agency Referring: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Youth Name (include pronouns): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Residence Address (include city): \_\_\_\_\_

Identifies as (circle): Male Female Non-Binary DOB: \_\_\_\_\_ County: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the youth currently have housing? Y N

Reason for Referral to Jackson Street--Outreach Case Management *(please summarize the current situation, why is the youth being referred or requesting further supports, do they have triggers we should be aware of, is there a service team, etc):*

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Obtained authorization from Legal Guardian (if applicable) to release protected information: Yes / No

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Referring: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed forms to:**

Anna Rist, Outreach Program Manager  
[anna.rist@jacksonstreet.org](mailto:anna.rist@jacksonstreet.org) Outreach Fax #: 541-220-2954