



Agency Referral Form

Canopy Children's Solutions
1513 Lakeland Drive, Jackson, MS 39216
Phone: 800-388-6247
Local: 601939-7990
Admission's Fax: (601487-1136
Email to: https://mycanopy.org/contact/i-need-help/

Date _____

Youth's Name _____ DOB _____ Age _____ Gender _____ Race: _____

Social Security # _____ Medicaid or Insurance # _____

Highest Grade Completed _____ Name of School _____ Disability _____ SSI: Y/N

Youth's Current Address _____ City _____ State _____

Zip _____ County: _____ Telephone _____ in DHS Custody? [] Yes [] No

Social Worker _____ Telephone _____ Email _____

Parent/Caregiver Name _____ Relationship to Youth _____ Marital Status: Single/M/D/Sep/W

Address _____ City _____ State _____ Zip _____

County: _____ Telephone _____ Cell _____

To your Knowledge has the youth received any services through Canopy Children's Solutions?

- [] MYPAC [] Autism Program/MCBS
[] In-Circle [] CARES PRTF Jackson
[] TFC [] CARES School
[] Shelters () Vicksburg () Hattiesburg

What is the primary behavioral issue (s) that is prompting this referral? _____

Medications: _____

Contact Information for the person making this referral

Referral Name: _____ Agency _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone _____

Follow up Action: _____



Commercial Insurance Information

Person Responsible for Payment: _____

Insured's Name: _____ DOB: _____

Relationship to Client: _____ Insurance Company: _____

Insurance ID# _____ Group# _____ Ins. Eff. Date: _____

Insurance Telephone: _____

Deductible: _____ Co-pay: _____