## Mental Health Access Program (MHAP) Referral



Jordan District's Mental Health Access Program (MHAP) is meant to provide temporary funding to assist students and their families in navigating and accessing mental health services in their community. If you have questions or issues related to MHAP please contact McKinley Withers, mckinley.withers@jordandistrict.org, 801-567-8245.

		Date of Referral:	
		Title:	
Stude	ent Name:	Grade:	
Paren	nt(s)/Guardian(s) Name:		
Paren	nt(s)/Guardian(s) Relationship to Student:		
Best F	Phone Number(s) to Reach Parent(s)/Guardian(s):		
	Eligibility Check	list (Required for referral)	
	First, this referral has been staffed in a school M	ITSS meeting and/or with the school administrative team.	
	Second, the parent/guardian AND student are willing and motivated to participate in mental health services and meet with a member of the Health and Wellness team to sign necessary documents.		
	Third, the parent/guardian is aware that service mental health medication services ONLY.	es are for general mental health outpatient treatment and/or	
	Finally, a FERPA has been signed between the p	arent/guardian and a school representative.	
	ribe the reason for recommending mental health seession, anxiety, bullying, suicidal ideation, self-harr	ervices for this student (i.e. does the student struggle with n, trauma, etc.).	
	ribe the obstacles the student/family face, from yo list, no insurance, high deductible, lack of transpor	ur understanding, in accessing mental health services (i.e. long tation, etc.).	
	ribe any additional information that would assist in ner language, on IEP or 504, family has DCFS involv	meeting this student's mental health needs (i.e. family speaks ement, student has been suspended/cited, etc.).	

## Please submit this form to your assigned Health and Wellness staff member

## Elementary School, Valley High, and JFEC Referrals

Please send this completed form to Kevin Mossel, LCSW through District Mail to Kevin Mossel, 385-249-7932, Health and Wellness *OR* 

Scan and email it to <a href="mailto:kevin.mossel@jordandistrict.org">kevin.mossel@jordandistrict.org</a>

Each of these referrals will be staffed weekly on Friday morning and a Health and Wellness Team member will be assigned to follow up with the school and family the following week.

## **Secondary School Referrals**

Bingham Feeder: Kitt Curtis, M.S., CMHC - 385-271-6955

Copper Hills Feeder: Ruth Williams, LCSW - 385-272-1565

Herriman Feeder: Annie Larson, LCSW - 385-272-4220

Mountain Ridge Feeder: Kip Webster, LCSW- 385-272-3296

Riverton Feeder: Jeremy Etherington, LCSW - 385-272-4762

West Jordan Feeder: Janine Hansen, LCSW - 385-272-2699