

JACKSON 3 FOUNDATION

Child & Family Referral Form | 2026

WHY WE NEED THIS FORM

Jackson 3 Foundation supports children and families navigating grief after the loss of a supportive family member during a child's formative years. This referral form helps J3F understand the family's circumstances and identify referrals, resources, and opportunities that may be helpful.

IMPORTANT REFERRAL PROCESS

Grief is personal. Jackson 3 Foundation will communicate only with the person or organization making the referral. J3F will not contact the referred child or family directly. The referring person may share appropriate J3F referrals, resources, and opportunities with the family.

1. REFERRING PERSON / ORGANIZATION

Name Organization (if applicable)

Relationship to Child / Family Phone

Email

2. REFERRED FAMILY

Parent / Guardian / Family Name

City County

3. CHILD / YOUTH INFORMATION

Child / Youth Name Age Grade

School / College (if applicable)

Additional children/youth in household - names and ages

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4. REFERRAL INFORMATION

Who in the family passed away?

Relationship to Child / Youth

Date of Loss (if known)

Please briefly share what J3F should know about the family's current circumstances.

5. REFERRALS, RESOURCES & OPPORTUNITIES

What may be helpful for this child or family? Check all that apply.

Grief support / counseling referral

Food / grocery resources

School supplies / educational resources

Sports / activity opportunities

Community resource referral

Professional referral / connection

Growing Through Grief(TM) Series

J3F programs / opportunities

Other:

6. IMPORTANT INFORMATION

Direct Monetary Support

Jackson 3 Foundation does not provide direct monetary support. J3F works to connect children and families with referrals, resources, community partners, programs, and opportunities that may help support their needs.

Confidentiality

Information provided on this referral form will be treated as confidential and used by J3F for the purpose of reviewing the referral and identifying appropriate referrals, resources, and opportunities.

Referral & Third-Party Disclaimer

Jackson 3 Foundation provides referrals, resources, information, and opportunities as a community service. J3F does not guarantee the availability, quality, safety, eligibility, services, actions, or outcomes of any independent third-party provider, organization, program, business, or community resource. Any decision to participate in or use a third-party service or opportunity is made independently by the child's parent/guardian or family. To the fullest extent permitted by law, Jackson 3 Foundation is not responsible for claims, injuries, losses, damages, or other outcomes arising from services or activities provided by independent third parties.

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7. WHAT HAPPENS NEXT?

After this form is submitted, Jackson 3 Foundation will review the referral and communicate only with the referring person or organization. Because grief is personal, J3F will not initiate direct contact with the referred child or family. J3F may provide the referring person with appropriate referrals, resources, opportunities, or additional information to share with the family when appropriate.

8. REFERRAL ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand the information provided in this form, including the referral process, confidentiality statement, direct monetary support statement, and Referral & Third-Party Disclaimer. I confirm that the information provided is accurate to the best of my knowledge. I understand that submission of a referral does not guarantee services, resources, financial assistance, or participation in a specific Jackson 3 Foundation program.

Referring Person Printed Name

Referring Person Signature

Date

9. J3F COMMUNICATION PREFERENCE

Best way for J3F to contact YOU regarding this referral:

Phone

Text

Email

Best days / times to contact you

JACKSON 3 FOUNDATION

Referrals • Resources • Opportunities

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