



**Sante konpòtmantal e soutyen kominotè pou moun ki nan demeले avèk lajistis  
(Behavioral Health for Justice-Involved Individuals, BH-JI)**

**FÒM REFERANS POU UNIVERSAL**

|                         |                                                                                                    |
|-------------------------|----------------------------------------------------------------------------------------------------|
| <b>Dat referans lan</b> | <b>Dat fèt :</b>                                                                                   |
| <b>Non moun lan</b>     | <b>Adrès</b><br>(si pa gen kay oubyen gen lojman ki pa estab, non zòn/<br>konte soutyen an nesesè) |
| <b>Eta</b>              | <b>Zip</b>                                                                                         |

|                                       |                                                                                                   |                                                                                                                                         |
|---------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tel.</b>                           | <b>Èske w ka resevwa mesaj vokal?</b><br><input type="checkbox"/> Wi <input type="checkbox"/> Non | <b>Metòd kominikasyon ki pito a pou premye kontak</b><br>(tchèk youn) <input type="checkbox"/> Telefonnen <input type="checkbox"/> Tèks |
| <b>Dezyèm moun pou rele nan ijans</b> | <b>Dezyèm nimewo pou rele</b>                                                                     | <b>Sekirite sosyal oubyen nimewo didantifikasyon taks</b>                                                                               |
| <b>Lang ki pito a</b>                 | <b>Jann</b>                                                                                       | <b>Etnisite/Ras</b>                                                                                                                     |

**Kilès nan eleman sa yo dekri oryantasyon seksyèl ou alèkile?**

Oryantasyon seksyèl dekri kijan yon moun defini atirans fizik e emosyonèl li pou lòt moun. Chwazi jouk senk opsyon.

- ☐ Dwat oubyen etewoseksyèl ☐ Madivinèz oubyen masisi ☐ Biseksyèl ☐ Queer, panseksyèl, oubyen an kesyon  
☐ Oryantasyon seksyèl la pa make. Bay presizyon tanpri ..... ☐ Pa konnen ☐ Pa vle reponn

**Èske orijin oubyen antesedan w espayòl oubyen laten?**

Espayòl oubyen laten vle di yon moun ki gen kilti oubyen orijin kiben, meksiken, pòtoriken, amerik disid oubyen santral, oubyen lòt orijin kilti espayòl kèlkeswa ras li.

- ☐ Wi, espasyòl oubyen laten ☐ Non, pa espasyòl oubyen laten ☐ Pa konnen ☐ Pa vle reponn

**Ras (fakiltatif)**

**Chwazi opsyon ki pi byen dekri w nan mete yon tchèk nan kare ki akote ras ou a.**

**Ou gendwa chwazi tout sa w swete.**

|                                                                   |                                                               |                                         |
|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Endyen ameriken oubyen natifnatal Alaska | <input type="checkbox"/> Natifnatal Awayi oubyen Zile Pasifik | <input type="checkbox"/> Ras la pa site |
| <input type="checkbox"/> Azyatik                                  | <input type="checkbox"/> Blan                                 | <input type="checkbox"/> Pa konnen      |
| <input type="checkbox"/> Nwa oubyen afriken ameriken              | <input type="checkbox"/> Pa vle reponn                        |                                         |

**Etnisite**

Etnisite vle di antesedan w, eritaj ou, kilti w, ansèt ou, oubyen peyi kote oumenm e fanmi w fèt.

**Chwazi opsyon ki pi byen dekri w nan mete yon tchèk nan kare ki akote etnisite w la. Ou gendwa chwazi tout sa w swete.**

|                                           |                                          |                                                              |
|-------------------------------------------|------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Afriken          | <input type="checkbox"/> Kiben           | <input type="checkbox"/> Meksiken                            |
| <input type="checkbox"/> Afriken ameriken | <input type="checkbox"/> Dominiken       | <input type="checkbox"/> Mwayen oryan oubyen Afrik dinò      |
| <input type="checkbox"/> Ameriken         | <input type="checkbox"/> Ewopeyen de lès | <input type="checkbox"/> Pòtigè                              |
| <input type="checkbox"/> Endyen azyatik   | <input type="checkbox"/> Ewopeyen        | <input type="checkbox"/> Pòtoriken                           |
| <input type="checkbox"/> Brezilyen        | <input type="checkbox"/> Filipino        | <input type="checkbox"/> Ris                                 |
| <input type="checkbox"/> Kanbodyen        | <input type="checkbox"/> Gwatemalyen     | <input type="checkbox"/> Salvadoryen                         |
| <input type="checkbox"/> Kapvètyen        | <input type="checkbox"/> Ayisyen         | <input type="checkbox"/> Amerik disid                        |
| <input type="checkbox"/> Antiyè           | <input type="checkbox"/> Ondiryan        | <input type="checkbox"/> Vyetnamyen                          |
| <input type="checkbox"/> Amerik santral   | <input type="checkbox"/> Japonè          | <input type="checkbox"/> Etnisite a pa make (presize tanpri) |
| <input type="checkbox"/> Chinwa           | <input type="checkbox"/> Koreyen         | <input type="checkbox"/> Pa konnen                           |
| <input type="checkbox"/> Kolonbyen        | <input type="checkbox"/> Lawosyen        | <input type="checkbox"/> Pa vle reponn                       |

**Fè ki dènye klas, si l konnen**

|                                                                                                                                                            |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Tout amenajman rezonab ki nesèsè pou ede jwenn sèvis (pa egzanp, moun ki tande di, pa wè byen, ki gen mwens mobilite) :</b>                             |                                                                                       |
| <b>Estati jiridik :</b> <input type="checkbox"/> Anvan pwosè <input type="checkbox"/> Kondane                                                              | <b>Dat sòti ki prevwa</b>                                                             |
| <b>Pwochen dat odyans lan</b> (si l konnen)                                                                                                                | <b>Ki tribinal ki konsène?</b><br>(si l konnen, sa gen ladan tribinal spesyalize tou) |
| <b>Sipèvizyon libète kondisyonèl/pwovizwa</b><br><input type="checkbox"/> Pwoviza <input type="checkbox"/> Kondisyonèl                                     |                                                                                       |
| <b>Non moun ki fè referans lan</b>                                                                                                                         | <b>Tel.</b>                                                                           |
| <b>Relasyon ant moun ki fè referans lan e kliyan an</b><br><b>(pa egzanp, ajan liberasyon kondisyonèl la)</b>                                              | <b>Òganism moun k ap fè referans lan</b>                                              |
| <b>Dat e lè pwochen randevou a avèk moun ki enskri a</b>                                                                                                   |                                                                                       |
| <b>Dyagnostik sou sante konpòtmantal</b> (sa gen ladan tretman pou sante mantal e itilizasyon sibstans)<br>Deklarasyon pèsònèl <input type="checkbox"/> Wi |                                                                                       |

### Enfòmasyon sou asirans MassHealth

*(Note byen : Moun lan dwe admisib oubyen te admisib pou MassHealth pou l enskri nan pwogram BH-JI a.)*

|                                    |                                      |
|------------------------------------|--------------------------------------|
| <b>Nimewo didantite MassHealth</b> | <b>MassHealth Plan</b> (si w konnen) |
|------------------------------------|--------------------------------------|

### Ki bezwen moun sa a ki pi ijan an?

|                                                     |                                                                               |                                                      |
|-----------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Benefis                    | <input type="checkbox"/> Anplwa/edikasyon                                     | <input type="checkbox"/> Pyès didantite gouvènmantal |
| <input type="checkbox"/> Soutyen pou sante mantal   | <input type="checkbox"/> Soutyen nan twoub ki an rapò ak itilizasyon sibstans | <input type="checkbox"/> Soutyen sosyal              |
| <input type="checkbox"/> Soutyen pou sante fizik    | <input type="checkbox"/> Jwenn/reyaktif MassHealth                            | <input type="checkbox"/> Revni                       |
| <input type="checkbox"/> Eksplòre opsyon sou lojman | <input type="checkbox"/> Lòt                                                  |                                                      |

### Dokiman siplemantè

|                                                                                        |                                    |                                           |
|----------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|
| Pataj enfòmasyon ki siyen                                                              | <input type="checkbox"/> Wi        | <input type="checkbox"/> Non              |
| Kopi ORAS, LS/CMI, oubyen lòt evalyasyon sou risk (oubyen nòt epi verifikasyon nòt yo) | <input type="checkbox"/> Wi        | <input type="checkbox"/> Non              |
| Sou tou dènye plan byosikososyal (oubyen plan tretman an, si genyen)                   | <input type="checkbox"/> Wi        | <input type="checkbox"/> Non              |
| Kondisyon sou libète pwovizwa oubyen kondisyonèl                                       | <input type="checkbox"/> Wi        | <input type="checkbox"/> Non              |
| Fotokopi katon MassHealth (si genyen)                                                  | <input type="checkbox"/> Wi, ladan | <input type="checkbox"/> Non, pa disponib |

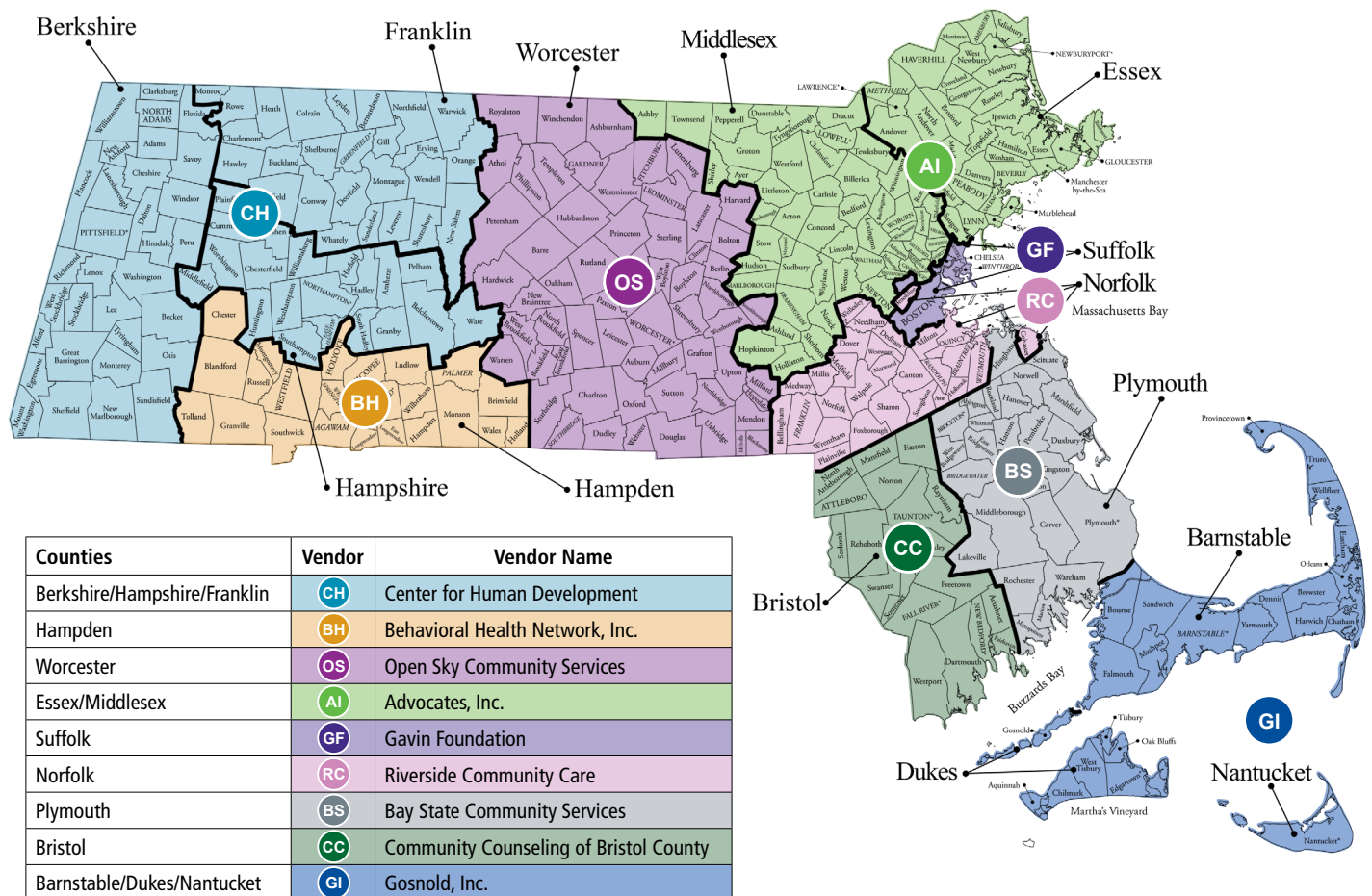
## Enfòmasyon siplemantè ki itil

Sit entènèt BH-JI :

<https://www.mass.gov/BHJI>

Vandè BH-Ji nan chak konte (note byen : vandè BH-JI se founisè CSP tou.)

| Konte      | Non òganism lan                        | Imèl                             | Nimewo telefòn            |
|------------|----------------------------------------|----------------------------------|---------------------------|
| Barnstable | Gosnold, Inc.                          | BHJI@gosnold.org                 | (508) 540-6550, ext. 5023 |
| Berkshire  | Center for Human Development           | Bhjireferrals@chd.org            | (413) 636-5782            |
| Bristol    | Community Counseling of Bristol County | mdasilva@comcounseling.org       | (774) 303-8131            |
| Dukes      | Gosnold, Inc.                          | BHJI@gosnold.org                 | (508) 540-6550, ext. 5023 |
| Essex      | Advocates, Inc.                        | BHJI_Referrals@Advocates.org     | (508) 630-4148            |
| Franklin   | Center for Human Development           | Bhjireferrals@chd.org            | (413) 636-5782            |
| Hampden    | Behavioral Health Network, Inc.        | cspji-bhjireferral@bhninc.org    | (413) 485-8381            |
| Hampshire  | Center for Human Development           | Bhjireferrals@chd.org            | (413) 636-5782            |
| Middlesex  | Advocates, Inc.                        | BHJI_Referrals@Advocates.org     | (508) 630-4148            |
| Nantucket  | Gosnold, Inc.                          | BHJI@gosnold.org                 | (508) 540-6550, ext. 5023 |
| Norfolk    | Riverside Community Care               | BHJI@riversidecc.org             | (781) 234-1650            |
| Plymouth   | Sèvis kominotè eta nan Bay             | bhji@baystatecs.org              | (781) 689-3995            |
| Suffolk    | Gavin Foundation                       | RoscoeHurley@GavinFoundation.org | (857) 496-7161            |
| Worcester  | Open Sky Community Services            | JusticeServices@openskycs.org    | (774) 232-0640            |



## Founisè CSP-JI

| Konte                | Non òganism lan                  | Imèl                            | Nimewo telefòn                      |
|----------------------|----------------------------------|---------------------------------|-------------------------------------|
| Bristol              | High Point Treatment Center      | sbennett@hptc.org               | (508) 641-1419                      |
| Bristol              | Ignite Recovery                  | heather.c@ignitemyrecovery.com  | (508) 296-0523                      |
| Bristol              | Steppingstone                    | mkachapis@steppingstoneinc.org  | (508) 674-2788<br>ext. 11101        |
| Middlesex            | Vinfen                           | hakeyk@vinfen.org               | (877) 284-6336                      |
| Norfolk              | Volunteers of America            | lpaolantonio@voamass.org        | (617) 522-8086                      |
| Norfolk and Plymouth | New Life Counseling              | wanda.casillas@nlcwc.org        | (781) 986-4800<br>or (857) 324-3317 |
| Suffolk              | Casa Esperanza                   | strieweiler@casaesperanza.org   | (617) 874-7578                      |
| Suffolk              | Fathers' Uplift                  | apalacios@fathersuplift.org     | (617) 708-0870                      |
| Suffolk              | North Suffolk Community Services | eporto@northsuffolk.org         | (617) 388-1594                      |
| Suffolk and Hampden  | Community Caring Clinic          | Communitycaringclinic@gmail.com | (617) 541-1829                      |
| Worcester            | Community Health Link            | dpierce@communityhealthlink.org | (508) 860-1000                      |