

JACKSON 3 FOUNDATION REFERRAL FORM



Referrer Information

Referrer's Name	
Referrer's Organization	
Referrer's Contact Email	
Referrer's Contact Phone Number	
Relationship to the Family	

Family Information

Family's Name	
Number of Children Impacted	
Children Information: (Name, Age, Relation to the Deceased)	
Circumstances Surrounding the Loss	
Current Challenges or Needs Faced by the Family	

Support Requested

- Emotional Support
- Financial Guidance (note: we do not provide monetary assistance)
- Counseling or Therapy Referrals
- Educational Resources for Children
- Extracurricular Activities
- Other (please specify):

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Additional Comments or Information Provided by the Referrer:

Family Contact Information (Name, Address, Phone Number):

Additional Information

Is the Family Aware of the Referral?	Yes	No
Is the Referrer Authorized to Share Family Information	Yes	No
In what way was the deceased actively engaged and involved in the lives of the child/family live?		

How did the deceased and family contribute to the community?

How did you hear about J3F?

Submission Instructions:

Please submit this completed referral form to admin@jackson3foundation.com or visit submit via our website www.jackson3foundation.com.

Thank you for completing the J3F Referral Form. Our team will review your information and contact you shortly to discuss how we can best support your referred family during this time of need.

For J3F to complete

Received via: Email Web Submission Mail

Received by:

Date:

Notes/Comments: