

1 PARTNER ORGANIZATION INFORMATION

Organization name

Contact name

Title / role

Email

Phone

2 REFERRED PARTICIPANT INFORMATION

Full name

Email

Phone

City / State

Preferred contact

☐

Email

☐

Phone

☐

Text

3 REFERRAL CONTEXT

Reason for referral (check all that apply):

- | | |
|--|---|
| ☐ Returning to community / reentry | ☐ Workforce development / job seeker |
| ☐ Career change / return to workforce | ☐ Recent graduate / adult learner |
| ☐ Other <input type="text"/> | |

Participant goal or reason MIHA may be a good fit (brief)

4 READINESS & FOLLOW-UP

Interested in preferred cohort

- | | | | | | | |
|---|---|---|---|------------------------------|-----------------------------|----------------------------------|
| ☐ Fall 2026 cohort | ☐ Winter 2026 cohort | ☐ Spring 2027 cohort | ☐ Summer 2027 cohort | ☐ Yes | ☐ No | ☐ Unknown |
|---|---|---|---|------------------------------|-----------------------------|----------------------------------|

Technology access

Tuition / funding status

- | | | |
|---|---|---|
| ☐ Self-pay / payment options | ☐ Organization may sponsor | ☐ Needs funding discussion |
|---|---|---|

REFERRAL CONSENT

By submitting this form, the referring organization confirms the participant has agreed to be contacted by MIHA.
Please do not include medical, legal, criminal-history, or other sensitive case details on this form.

Referral contact signature / typed name

Date