



Life Enrichment Action Program Referral Form

To complete the referral process, please secure a Release of Information (ROI) so you may make this referral on behalf of another party. Please complete the information below:

Referred By:

Date: _____

Your name: _____

Your phone: _____

Your email: _____

Client Information:

Name: _____

Birth date: _____

Phone number with area code: _____

Home address: _____

Primary physician's name and clinic:

Mental health diagnosis/diagnoses if any: _____

Previous hospitalizations for mental health concerns if any:

Please attach medication list if available: _____

Please fax this form to Avi Zadaka at (651) 698-0162

LEAP is a free program through Jewish Family Service of St. Paul that supports adults 55+ who are suffering from low mood or depression. LEAP is partially funded by the MAAA and Live Well grants.



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An affiliate agency of the St. Paul Jewish Federation