



## FLORIDA DEPARTMENT OF JUVENILE JUSTICE SUICIDE RISK SCREENING PARENT/GUARDIAN NOTIFICATION

DJJID: \_\_\_\_\_  
Referral ID#: \_\_\_\_\_

I, as parent/guardian, have been notified that my child \_\_\_\_\_ has been determined to be in need of a mental health assessment which includes suicide risk assessment. I was informed that my child's responses to suicide risk screening questions indicate that he/she should receive suicide risk assessment **as soon as possible**.

If you need assistance in obtaining a mental health assessment which includes a suicide risk assessment for your child, contact your family doctor, community mental health center, the Department of Children and Families District Office, the Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433) or Nationally Supported Lifeline at 1-800-273-TALK (1-800-273-8255).

By signing below, I confirm receipt of this notification and understand the information provided.

Parent/Guardian Signature	Witness Signature
Name (Print)	Name (Print)
Date	Date

Juvenile Released To: \_\_\_\_\_ (Name) \_\_\_\_\_ (Relation)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DJJ Staff: \_\_\_\_\_  
Name/Title

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

cc: Case Management File  
Detention File