

Believe In Me Youth & Family Services, LLC.

PO Box 86

Fork Union, Virginia 23055

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(804) 712-2091

Referral for Services

Date: _____

Consumer Name: _____ SS#: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Parent's Name: _____

Address: _____ City: _____

Phone: (H): _____ (W): _____ (C): _____

Name of Current School: _____ Grade: _____

Reason for Referral: _____

Brief family history: _____

Is the Consumer currently residing in the home? Yes No

Are services able to be delivered in the Consumer's home? Yes No

You are referring this child for: (Please check one)

- Group Counseling
- Summer Camp
- Therapeutic Day Treatment (not available yet)
- Mentoring Program
- Individual Counseling
- Intensive In-Home Counseling (not available yet)
- After-School Program

Insurance Information:

Type of Insurance: (including Medicaid): _____

Insurance Number: _____

Name of Responsible Adult: _____

Referring Person: _____ Relationship: _____

Address: _____ Phone: _____