



Community Counseling Center
of Central Florida, LLC
P.O. Box 161585
Altamonte Springs, FL
32716-1585
W. 407.291.8009
F. 407.291.9620
www.ccccf.org

CCCCF REFERRAL FORM

Date _____

REFERRAL SOURCE: _____

NAME

AGENCY

REFERRAL PHONE # _____ FAX # _____

EMAIL: _____

SERVICES REQUESTED

Counseling ___ Individual ___ Family ___ Couples/Marital
Parenting ___ Parenting Class ___ Intensive ___ Coaching ___ Co/Shared
___ Anger Management ___ Play Therapy ___ Mental Health Assessment
___ Other _____ Substance Abuse Outpatient Program (YOUTHS only)

___ ADULT ___ CHILD If Child, name of Caregiver: _____

CLIENT NAME(S): _____ DOB: _____

ADDRESS: _____

CITY _____ FL, ZIP CODE _____

PHONE NUMBER(S): HOME _____ CELL _____

___ COURT ORDERED PER CASE PLAN ___ VOLUNTARY PROTECTIVE SERVICES
___ NEED IN HOME SERVICES ___ NEED SERVICES CIRCLE ONE: SPANISH CREOLE

___ Magellan Medicaid ___ Florida Medicaid (straight no HMOs)
___ Screen for TANF (Adults only) ___ H.S.A. FSPT/TITLE 21 funding (Youths 17 under)
___ CBC funding requested ___ Private Pay (client will pay for services)
___ CHS/FSPT ___ Victim Compensation # _____
___ Other List Other: _____

REASON FOR REFERRAL/TREATMENT: _____

Anger Management and Parenting GROUP CLASSES ARE HELD AT THE JAC (Downtown Orlando)
Parenting classes – Magic 1-2-3, STEP Parenting Curriculums and Surviving your Adolescents
SERVICES CAN BE PROVIDED IN THE CLIENT'S HOME, ORANGE, OSCEOLA AND SEMINOLE COUNTIES.
SERVICES CAN BE SCHEDULED FOR DAY, EVENING AND WEEKEND HOURS.

