



**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  
 \_\_\_ NEED IN HOME SERVICES

\_\_\_ VOLUNTARY PROTECTIVE SERVICES  
 \_\_\_ NEED SERVICES CIRCLE ONE: SPANISH CREOLE

\_\_\_ Magellan Medicaid  
 \_\_\_ Screen for TANF (Adults only)  
 \_\_\_ CBC funding requested  
 \_\_\_ CHS/FSPT  
 \_\_\_ Other List Other: \_\_\_\_\_

\_\_\_ Florida Medicaid (Wellcare: Staywell and Healthese)  
 \_\_\_ H.S.A. FSPT/TITLE 21 funding (Youths 17 under)  
 \_\_\_ Private Pay (client will pay for services)  
 \_\_\_ Victim Compensation # \_\_\_\_\_

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.

