

	<p><b>Community Counseling Center of Central Florida, Inc.</b>  P.O. Box 161585  Altamonte Springs, FL  32716-1585  <b>W. 407.291.8009</b>  <b>F. 407.291.9620</b>  <a href="http://www.ccccf.org">www.ccccf.org</a></p>
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INDIVIDUAL & FAMILY COUNSELING REFERRAL FORM

PO BOX 161585  
ALTAMONTE SPRINGS, FL 32716-1585

PHONE: 407-291-8009  
FAX: 407-291-9620

DATE OF REFERRAL: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

NAME	AGENCY	PHONE #
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CLIENT NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

\_\_\_ COURT ORDERED PER CASE PLAN

\_\_\_ DCF/CHS VOLUNTARY CASE PLAN

\_\_\_ VOLUNTEER

\_\_\_ DJJ COMPLIANCE

\_\_\_ TANF FUNDS (FREE TO CLIENT)

\_\_\_ FSPT FUNDS (H.S.A. OR CHS)

\_\_\_ PRIVATE PAY/ (SLIDING FEE SCALE)

\_\_\_ PRIVATE HEALTH INSURANCE (CONSIDERED)

REASON FOR REFERRAL/TREATMENT

ISSUES: \_\_\_\_\_

\_\_\_\_\_

- WE WILL SCREEN REFERRED CLIENTS FOR TANF FUNDS.
- COUNSELING IS PROVIDED IN THE CLIENTS HOME OR OTHER COMMUNITY LOCATION.
- COUNSELING IS AVAILABLE DAY, EVENING AND WEEKENDS HOURS.