Referral to Bacon Street Youth and Family Services

Name: ________________________________ DOB: ________________ Gender: ________________________

School: _________________________ Grade: ____________ Race/Ethnicity: ____________________________

Parent/Guardian Name: ____

Address: _____________________________________ Telephone (home): ______________________________

_____________________________________ Telephone (cell): ________________________________

Is this person homeless or struggling with housing stability? (Circle One) Yes No

Preferred Service Location:

____ Williamsburg ____ Gloucester

____ Yorktown ____ Hampton/Newport News

Reason for Referral (attach additional pages if needed):

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Which services are the client interested in receiving? (Check all that apply):

____ Individual Substance Use/Abuse Counseling ____ Family Counseling

____ Individual Outpatient Mental Health Counseling ____ Group Counseling

____ Case Management/Referral Services ____ Drop-in Center (Hampton only)

Does this person have insurance? (Circle One) Yes No

Insurance Co: __________________ Insured Name: ______________________ ID #:__________

Referred By: ______________________________ Contact #:______________________________

Please fax or scan this referral form along with the attached consent form to:

Bacon Street Youth and Family Services
Phone: 757-253-0111 Fax: 757-253-2884
ktoth@baconstreet.org

CONSENT TO EXCHANGE CONFIDENTIAL RECORDS

Child/Youth under 18 years of Age

I, the parent or guardian of ________________________ do hereby consent to the exchange of confidential information regarding my son/daughter between ____________________ (referring agency) and Bacon Street Youth and Family Services. I understand that this material is confidential and will be used only by professionals working with my child.

____________________ ____

Date Parent/ Guardian signature

Adult Ages 18+

I, _________________________ do hereby consent to the exchange of confidential information regarding my case between ________________________ (referring agency) and Bacon Street Youth and Family Services. I understand that this material is confidential and will be used only by professionals working with me.

____________________ ____

Date Signature