



**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

[referral@baconstreet.org](mailto:referral@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



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