



Referral Form for Bacon Street Youth and Family Services

(Please provide all requested information)

Client Name: _____ DOB: _____ Gender: _____

School: _____ Grade: _____ Race/Ethnicity: _____

Parent/Guardian Name: _____ Address: _____

City, State, ZIP: _____ Telephone (home): _____ Telephone (cell/work): _____

Email address: _____

Reason for Referral (Check all that apply):

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Aggression | <input type="checkbox"/> Peer/Social Skills | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> School Discipline | <input type="checkbox"/> Depression | <input type="checkbox"/> Family Communication | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Suicidal/Self-injury | <input type="checkbox"/> Family Death | <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Parent Initiated | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Housing Concerns | <input type="checkbox"/> Anxiety | <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Other _____ |

Insurance Co.: _____ Insured Name: _____ ID #: _____

Additional Information: _____

Referred By: _____ Title: _____

Telephone/FAX: _____ Email: _____

CONSENT TO EXCHANGE CONFIDENTIAL RECORDS

I, the parent/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.

I would like for Bacon Street Youth and Family Services to contact me when receiving this referral form:

_____ **yes** _____ **no**

(date)

(Parent/Guardian Signature)

**Please mail or fax this referral form to:
Bacon Street Youth and Family Services
247 McLaws Circle
Williamsburg, VA 23185**

Phone: 757-253-0111 - Fax: 757-253-2884 or you can email to referral@baconstreet.org

**Do you need more copies of this referral form?
Give us a call at 757.253.0111 or email admin@baconstreet.org**