Family Resource Center

Thriving Families. Nurtured Children.

Referral for Therapeutic Counseling

Email: referral@familyresourcecenterneg.org

Phone: 706-778-3100 ◆ **Fax:** 706-928-5183

REFERRED BY:	**PHONE:**	**DATE:**

Client's Name:	**Client #** OFFICE USE ONLY

Age	DOB	Gender	Race	Ethnicity Hispanic? ❑ Yes ❑ No
Grade	School			Disability? ❑ Yes ❑ No

CONTACT INFORMATION

Contact Name	Relationship
Best contact number	❑ Cell ❑ Home ❑ Work
Can contact be made by text? ❑ Yes ❑ No	Can we leave a voice mail? ❑ Yes ❑ No
Email address	Can paperwork be emailed? ❑ Yes ❑ No
Address	Availability:

City	State	Zip	County
Annual Household Income	Insurance Coverage		

BACKGROUND

Do you have an open DFCS case? ☐ Yes ☐ No	Client ever enrolled in services with the Family Resource Center? ☐ Yes ☐ No
If yes, what program?	Date exited services
Was client ever convicted of a crime against a child? ❑ Yes ❑ No	If yes, when?

VICTIMIZATION *(Form of Adverse Childhood Experience)* Check all that apply:

CHILD Clients – *Incident occurred from birth to present age*

- ☐ **Parents divorced/separated**
- ☐ **Abandonment**
- ☐ **Parental Substance Abuse**
- ☐ **Traumatic Grief/Child Abuse**
- ☐ **Other:**
- ☐ **Bullying by Peers**
- ☐ **Exposure to Pornography**
- ☐ **Parent Mental Health**
- ☐ **Incarcerated Parent**

ADULT Clients– *Incident occured 18 years or younger*

- ☐ **Parents divorced/separated**
- ☐ **Abandonment**
- ☐ **Parental Substance Abuse**
- ☐ **Traumatic Grief /Child Abuse**
- ☐ **Other:**
- ☐ **Bullying by Peers**
- ☐ **Exposure to Pornography**
- ☐ **Parent Mental Health**
- ☐ **Incarcerated Parent**

REASON FOR REFERRAL

Any major concerns (i.e. suicidal ideations, self harm):