



HISPANIC FAMILY COUNSELING, INC.

Orange/Seminole/Osceola/Brevard/Lake
Main Office: 6900 S. Orange Blossom Trail, Suite 402 • Orlando, FL 32809
Phone (407) 382-9079 • Fax (407) 964-1274
referrals@hisfafam.com • www.hisfafam.com

TCM REFERRAL

DATE: _____ CLIENT NAME: _____ DOB: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____ CONTACT #: _____

REFERRAL SOURCE: _____ LANGUAGE: _____

DIAGNOSIS: _____

MEDICAID PROVIDER: _____ MEDICAID ID: _____

SELECT FROM THE FOLLOWING THE NEEDS CLIENT PRESENTS.

<p style="text-align: center;">MENTAL HEALTH</p> <p><input type="checkbox"/> Client need to be linked with mental health services as psychiatrist, counseling, PSR, TCM, etc.</p> <p><input type="checkbox"/> Client is not compliance with ongoing treatment and medications.</p> <p><input type="checkbox"/> Client need to be linked with educational information related to mental health diagnosis.</p> <p><input type="checkbox"/> Client have substance abuse history or issues.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>	<p style="text-align: center;">EDUCATIONAL SERVICES</p> <p><input type="checkbox"/> Client present low academic performance, lack of concentration, behavioral issues, etc.</p> <p><input type="checkbox"/> Client need to be linked and assisted in IEP and/or 504 Plan process.</p> <p><input type="checkbox"/> Client need to be linked with educational services as scholarships, tutoring programs, etc.</p> <p><input type="checkbox"/> Client need to be linked with schools, colleges, career planning, etc.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>
<p style="text-align: center;">MEDICAL/DENTAL NEEDS</p> <p><input type="checkbox"/> Client need to be linked with medical and dental professionals.</p> <p><input type="checkbox"/> Client need to obtain information related with medical diagnosis and prescribed medications.</p> <p><input type="checkbox"/> Client need assistance related with appointment coordination, following up medical and dental recommendations provided, etc.</p> <p><input type="checkbox"/> Client need to be linked and educated in relation to medical transportation provided to Medicaid recipients.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>	<p style="text-align: center;">FAMILY SUPPORT</p> <p><input type="checkbox"/> Client need to be linked with family support services and programs as parenting classes.</p> <p><input type="checkbox"/> Client need to be linked with community-based programs.</p> <p><input type="checkbox"/> Client need to be linked with family activities available in community.</p> <p><input type="checkbox"/> Client need to improve their relationship and communication.</p> <p><input type="checkbox"/> Client relationship with parents and other members is not healthy.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>

<p style="text-align: center;">HOUSING NEEDS</p> <p><input type="checkbox"/> Client housing status is not stable.</p> <p><input type="checkbox"/> Client need to be linked with housing resources available in community to prevent risk situations.</p> <p><input type="checkbox"/> Client need to be linked with food resources as food pantry and programs to ensure they can cover basic needs.</p> <p><input type="checkbox"/> Client need to be linked with clothing resources available in community.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>	<p style="text-align: center;">FINANCIAL ASSISTANCE</p> <p><input type="checkbox"/> Client financial status is not stable. Client need to be linked with budgeting resources.</p> <p><input type="checkbox"/> Client need to be linked with financial assistance resources available in community.</p> <p><input type="checkbox"/> Client need to be linked with money management and banking processes.</p> <p><input type="checkbox"/> Client need to be linked with educational material to ensure stability.</p> <p><input type="checkbox"/> Other, Explain: _____ _____</p>
<p style="text-align: center;">LEGAL ISSUES</p> <p><input type="checkbox"/> Client is facing legal issues.</p> <p><input type="checkbox"/> Client need to be linked with legal services.</p> <p><input type="checkbox"/> Client need to be linked with professionals related with legal processes.</p> <p><input type="checkbox"/> Client need assistance completing requested documentation.</p> <p><input type="checkbox"/> Client need assistance to comply with appointments and court recommendations.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>	<p style="text-align: center;">DEVELOPMENT OF ENVIRONMENTAL SUPPORT</p> <p><input type="checkbox"/> Client is not involved or performing in any social setting.</p> <p><input type="checkbox"/> Client need to be linked with social activities in community.</p> <p><input type="checkbox"/> Client need to be linked in sports, arts, music, etc. based in client interests.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>
<p style="text-align: center;">VOCATIONAL</p> <p><input type="checkbox"/> Client does not have a job or does not like what he has.</p> <p><input type="checkbox"/> Client need to be linked with job training resources available in community.</p> <p><input type="checkbox"/> Client need to be linked with job resources available in community.</p> <p><input type="checkbox"/> Client need to be linked with career planning resources to identify skills, abilities and interest areas.</p> <p><input type="checkbox"/> Other, Explain: _____ _____ _____</p>	<p style="text-align: center;">RECOMMENDATIONS:</p>

OFFICE USE ONLY:

TCM Assigned: _____ Date: _____

TCM Supervisor: _____ Date: _____