



# SELECTED FAMILY INTERVENTIONS REFERRAL FORM FOR IN-HOME SERVICES

**Date:** \_\_\_\_\_ **To:** SFI Referrals – sfireferrals@discvillage.org \_\_\_\_\_

**From:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

*All referrals will have a family counseling component for all age-appropriate members.  
A separate referral must be completed for each person in need of individual counseling.*

**1. Name of Person Referred:** \_\_\_\_\_

**2. Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**3. Address:** \_\_\_\_\_

**4. Reason for Referral:**

**Please check off services recommended for the individual:**

- |                                            |                                           |                                                  |
|--------------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Mental Health Education |
| <input type="checkbox"/> Parenting         | <input type="checkbox"/> Self-Esteem      | <input type="checkbox"/> Substance Abuse         |

**Please include in the referral packet the following information:**

*(Please check items included with the referral packet, **intake and FFA must be included**)*

- |                                                         |                                                                   |
|---------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Copy of Intake Report &/or FFA | <input type="checkbox"/> Legal/Criminal History                   |
| <input type="checkbox"/> Mental Health History          | <input type="checkbox"/> Signed Consent of Release of Information |
| <input type="checkbox"/> Substance Abuse History        | <input type="checkbox"/> Other: _____                             |

**Family has been informed of program referral**

\_\_\_\_\_  
**Initial**

Selected Family Interventions  
1000 W. Tharpe Street, Suite 17  
Tallahassee, FL 32303  
Fax: 850-487-0431