**Counseling, Mediation, & Educational Center, Inc.**



**Our mission is to provide counseling, mediation, and educational services to assist children and their families who are experiencing separation due to incarceration, juvenile delinquency, divorce, and various other family separations.**

Referral for Services

Date of Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Completing Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Individual Completing Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone of Individual/Agency Completing Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT INFORMATION:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF client is under 18 please provide Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment by referral source: \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_

Insurance Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Private \_\_\_\_\_\_or Medicaid \_\_\_\_\_

Medicaid/Insurance Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am referring this client for:

Stepping Stones Program (COIP) \_\_\_\_\_\_ Family Counseling\_\_\_\_\_ Individual Counseling\_\_\_\_\_

Parenting Program\_\_\_\_\_\_ (DME\_\_\_\_\_ TP\_\_\_\_\_RPR\_\_\_\_ABC/123\_\_\_\_)

Mediation\_\_\_\_\_\_\_ Teenage Sexuality/Sexual Decision Making Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ATTACH ANY DOCUMENTATION THAT YOU HAVE IN REGARDS TO THE CLIENT IN WHICH YOU ARE REFFERING

**Counseling, Mediation, and Educational Center, Inc. is a 501(c) 3 non-profit agency.**

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