

# Referral Intake Form

✉ Please send to [intake@thefamilycenter.org](mailto:intake@thefamilycenter.org)  
 ☎ Call at 718-230-1379 ext. 140 with any questions.

## Referral Information

Referral First and Last Name

Referral Agency

Referral Phone Number

Referral Email

## Client Information

Client First and Last Name

Today's Date

Client Date of Birth

Client Address

City

State

Zip Code

Client Phone Number (include parent name if minor) Client Email



Mental Health & Substance Use Services

- Individual Therapy
- Family Therapy
- Psych Services/Medication Management
- Outpatient Substance Use Counseling

Family Stabilization

- Parenting Classes/Education
- Kinship Support

Please provide a brief description of why the client is seeking these services (optional)

Care Coordination

- Enrolling in Health Insurance
- HRA Benefits Navigation
- 2010E Housing Application Assistance

For Mental Health & Substance Use Services Only:  
 If provided to you, please put client's insurance information.

Insurance Provider

Insurance Member ID